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THE
BULLETIN
OF
The North Carolina
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



CONTAINING THE
PROCEEDINGS
OF THE
NINETY-THIRD ANNIVERSARY MEETING
AT THE
CAROLINA HOTEL
PINEHURST, NORTH CAROLINA
MAY 19, 20, 21, 1949

Vol. 33

AUGUST, 1949

No. 1

CHARLOTTE, NORTH CAROLINA

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GENERAL SESSION

The Ninety-Third Anniversary Meeting of the North Carolina Dental Society was called to order at 9:30 o'clock a.m. in the Main Ballroom of the Carolina Hotel, Pinehurst, North Carolina, C. W. Sanders, D.D.S., President of the Society, presiding.

PRESIDENT SANDERS: Ladies and gentlemen, the Ninety-Third Meeting of the North Carolina Dental Society will now be in order.

It is my great and happy privilege to introduce to you Rev. T. A. Cheatham, who will deliver the invocation. Let us stand, please.

REV. T. A. CHEATHAM: Oh God, our Heavenly Father, we are grateful for the gift of life, with all of the many blessings that make life rich and abundant for us, for our beautiful world, for the sunshine and flowers and friendships, for the part that we have in the world's work.

We have met together here to consider the vital things of the great profession of dentists, and we request Thy blessing upon them.

Guide us in all of the deliberations of this Convention, enlighten us, and give us wisdom and courage to tackle all the problems of our day.

Direct us in all that we do with Thy most gracious favor through Jesus Christ our Lord. Amen.

PRESIDENT SANDERS: You are always welcome in our midst, Dr. Cheatham. We shall be happy to have you remain with us as long as you desire.

I am honored to present to you Mr. Richard S. Tufts, President of Pinehurst, Inc., who will deliver the address of welcome.

MR. RICHARD S. TUFTS: Dr. Sanders, members of the North Carolina Dental Society: I believe, according to our records (and I believe they are right) that it was April 29, 1923, that your Society first convened here in Pinehurst. It seems to me that after a period of 23 years meeting together, that we can consider ourselves old friends, and in welcoming you back to Pinehurst, I do so upon that standpoint.

In opening your meeting, you have very frequently called on me to make this address of welcome and in doing so I have often given you a little bit of the history or background and experience of this resort.

As part of that program at the meeting two years ago, I spoke very briefly about our friend Irbie Medlin, who at that time was serving as

President of your organization. Whether there was any significance in that, I don't know, but you will recall that you didn't return last year. Therefore, we will skip that subject this year.

I will give you just a little bit of the history and of the operation of this institution in which you are meeting, the Carolina Hotel.

The hotel was opened for the first season in the Fall of 1900. That means that we will celebrate our 50th season when we open again next October. During that time a great many changes have taken place in the institution.

In the first place, the Carolina Hotel's facilities were such that there was only one bath for every three rooms—something that seems almost unbelievable today. As time went on and the demand for modernizing increased, more baths were added until we now have one in every room, as you know.

Those of you who have been here a long time know that there have been many changes outside. I can remember the days when there was only a handful of trees outside; now you can't see the roof for the foliage.

There have also been changes in the staff. We run practically two hotels—it takes nearly 8½ employees for every ten guests. Some of them date back to the original days. The staff is loyal and faithful, returning year after year. They do not come from this section, but go North in the summer and come back here in the winter.

At this particular time, this brings up a problem in vacations for them, for we close here on Saturday and they must report to their summer employers, some of them, within a few days, so you see they are getting a very short vacation this year.

We could have stayed open long into June, if we filled all our requests for dates, but that is impossible.

It is with extreme pleasure that I welcome you back to Pinehurst. I hope that your meeting here will be very successful and fruitful, and that you will return again many times.

Please do not hesitate to call on me or any member of the staff if we can add in any way to your comfort or enjoyment.

PRESIDENT SANDERS: Thank you, Mr. Tufts.

We will now have the response to this very gracious welcome by Dr. G. L. Hooper.

DR. G. L. HOOPER: Mr. President, Mr. Tufts, members of the North Carolina Dental Society, and guests:

We thank you Mr. Tufts, for this warm welcome which you have extended to us this morning. We feel that we are part of your staff here in that we do come to Pinehurst so often. The reason last year that we did not come back wasn't on account of what you said about Irbie (al-

though what you said was true), but we have to meet somewhere else about once every five years to make us enjoy more our visit here.

I have found, in attending all the annual meetings, that we have better meetings here than anywhere else. We are all under the same roof here, meetings are held here, and we can navigate just a little better.

It is a pleasure to be here with you at this time, and we are going to have at this meeting one of the finest meetings we have had here or anywhere else.

We have culminated one of the best years this Society has ever had. I personally believe this Society has done more during the past year in the advancement of dentistry in North Carolina than any previous year. This Society has done wonderfully during the past year, and it is a pleasure to be one of the officers to culminate this work here. (Applause.)

PRESIDENT SANDERS: Thank you, Dr. Hooper.

I will now recognize our Vice-President, Dr. T. W. Atwood, who will assume the Chair.

VICE-PRESIDENT ATWOOD: We will now have the President's address by our President, C. W. Sanders, of Benson.

Mr. Vice-President, Fellow Members of the North Carolina Dental Society, Distinguished Guests, Ladies and Gentlemen:

Perhaps the greatest authority to be exercised by one honored to serve as your President is that which I am privileged to claim at this time. It is, therefore, my great pleasure and happy privilege to extend to each of you a most cordial welcome to this the Ninety-Third Anniversary meeting of the North Carolina Dental Society. My sincere desire is that this meeting will afford you a most enjoyable time socially and be of great benefit to you professionally. Words cannot adequately express my deep sense of appreciation for the high honor you have conferred upon me. With a feeling of humbleness and a realization of responsibility to my profession and to you who have made this possible, I have sincerely tried to fulfil the duties of this office.

It is, according to our By-Laws, the duty of the President to address the members at the opening session of this Society each year. In this address he usually reviews and gives a brief comprehensive summary of the activities of the Society during the year, together with a discussion of conditions and events which have a bearing on the progress and security of dentistry and the welfare of the public with whom we come in contact in a professional way.

During this past year as your president, it has been my great desire to fulfill my duties and obligations in such a manner that advancement, growth and prestige would come to the entire membership and to this organization. However, I am aware that the growth and advancement of the North Carolina Dental Society during this time have been out of all

proportion to my personal contributions. The worthwhile accomplishments and success of any administration should be attributed wholly to the concerted efforts of many members and no individual has a right to claim undue credit unto himself. Many of the activities and accomplishments of the Society during the year will not be reviewed as they will be adequately covered in committee reports to the House of Delegates and published in the Proceedings of this meeting as a matter of record.

During the year, your Executive, Program, Clinic, Legislative and many other important interim Committees have met repeatedly, transacted important business and planned the program of this meeting which we hope you will enjoy and find instructive. Activities too numerous to mention have taken place in behalf of organized dentistry in North Carolina and, I feel, that as a result of these fine contributions, every member of our Society can take pride in a steady, progressive, forward march of dentistry in this state. No man can serve as your President without experiencing a feeling of profound admiration for his fellow members. I am indeed grateful to each of you for your fine assistance.

We are told, it is much easier to pay tribute to a great man after his fine life and works are history than to do justice to him and his accomplishments while he is present among us. Perhaps this is true because one cannot fully see the beauty and grandeur, the strength and nobleness embodied in a stately cathedral while standing within its shadows. One of our number has reached the pinnacle of success and accomplishment in our profession. He occupies the highest office it is possible for seventy-five thousand of his colleagues to confer upon him. He is recognized today as the official head of dentistry throughout the United States. I refer, of course, to our good friend and fellow member, Dr. Clyde Minges, President of the American Dental Association. (Applause.) This is an honor that comes to but few men and knowing Dr. Minges as I do, of his devotion to dentistry and his great desire to see dentistry occupy its rightful position in the profession of mankind, I feel that this great honor means more to him than any high office the government or the people of this mighty nation could confer upon him. Yes, it is nice to know Clyde, to feel his nearness, to recognize his greatness and to realize that he is one of us—a member of the North Carolina Dental Society, our national president and our friend and councilor. Dr. Minges is a man of noble personality, of strength, vigor, ability and yet possessing that friendly quality of Lincoln and many of the great which makes him a leader of men and causes one to love and respect him. Many fine things will be said and many tributes paid Clyde as this meeting progresses. President Minges is not being honored for what he has received altogether. Rather, it is intended that this honor and recognition shall be the reward for what he has given.

And now to touch briefly on some conditions and developments within our state and nation which have a bearing on the future progress and effectiveness of our profession.

SOCIALIZED DENTISTRY

Never during the entire history of dentistry have events transpired which are more vital to us and of more significance in shaping our future than those which have been brought to our attention during the past two or three years and especially during the last few months. Through the medium of radio, newspaper and magazines we find public interest being aroused as never before concerning health service and along with it, the obligations of the dentist and physician to the public. This position we find ourselves occupying today leads me to say this—we must seek a solution—our course must be charted in such a manner that our initiative will remain intact and our obligations satisfactorily fulfilled.

Let it be thoroughly understood at this point, that the dental profession, either on a national or state level, is not opposed to any logical and democratic plan which will assure the people of the United States and North Carolina better dental health. We are by nature a competitive rather than a regimented people. Personal pride in a job well done and freedom to compete among ourselves has made this nation great and sustained our system of free enterprise.

It seems to me the solution of this question might be far more simple than one might think if our National Security Administration and our social workers really have the interest and the health of the people at heart and not the power and control the adoption of a program of socialization would give to them. What is so wrong with our democratic system that we should have to adopt a Marxian philosophy to meet this problem? Let's try first the democratic way—establish a voluntary system wherein all our citizens by choice and through direct contributions insure themselves for health care. There are in force today over forty-two million such voluntary policies in the United States. Under such a system those unable to pay premiums to insure themselves would be cared for by grants in aid from state and federal funds to local agencies for this purpose. This would be a democratic approach. In this program special emphasis should be laid on dental care for children because dentists realize that a higher level of dental health for the entire population can best be achieved by concentrating on the needs of our children. In North Carolina 33% of our entire population is made up of children under sixteen years of age. Rigid dental and medical care for this portion of our population would render them strong, healthy individuals at maturity and we would find fewer physical defects occurring during manhood and womanhood. We are now entering into a period of dentistry when anticaries are offering encouraging hopes for our young.

The topical application of a 2% Sodium Fluoride solution to the teeth of our young patients promises a rather high per cent immunity to dental decay. The fluorination of domestic water supplies in cities and towns is most promising on an experimental basis. Other approaches are being studied in an attempt to decrease dental decay. Unfortunately group therapy cannot be used in dentistry as in medicine at this time. Vaccines, serums and the newer antibiotics are useless in treating decayed teeth. Therefore, we are aware that a program of research to determine the

causes and prevention of our most common enemies, dental caries and periodontal disease is necessary if dentistry is to succeed in the challenge confronting it. Preventive dentistry is today just beginning but there is proof available that in the not too distant future our children can be assured of much higher resistance to tooth decay through the use of therapeutic agents now being used and tested and through proper dental education. This approach is being highly emphasized and recommended by the American Dental Association because it offers so many fine possibilities.

The many social and scientific developments and unusual experiences of the past few years have left all people with a legacy of concern. Among no group is this troubled sense of responsibility more acute than ours as we are closely related to that which deals directly with human life, health and welfare. The fact that the two major health professions, dentistry and medicine, have realized their enormous responsibility to mankind and have made startling advances in scientific methods to relieve the distress and need of humanity, is to me evident proof that we are fully aware of our professional duties and are doing something about it. At the present time dentistry and medicine in this nation are the most efficient and resourceful to be found in the entire world. Individual initiative and personal responsibility to the patient has made our dentists and physicians ambitious and progressive in administering to the health needs of the people. Certainly there is no reason to believe that 75,000 dentists and 180,000 physicians would be able to render any better health care if these two professions should become Federal Bureaucracies.

Last month the administration sent its proposed National Health Insurance Bill to the Congress. In the Congress also have been submitted two or more voluntary insurance bills. The administration proposes to elaborate and expand the present social security program to include the Compulsory Health Insurance measure. A three per cent payroll and salary deduction from all gainfully employed persons would be matched by the employer. This amount would go into a national insurance fund. We are told that dentists, physicians and hospitals could participate or not as desired. In the administration's plan the individual would have to contribute through payroll deductions whether he wanted to or not.

Senator Lester Hill of Alabama, has proposed a voluntary plan under which each state would work out its own program for extending health insurance coverage to those unable to pay for it. The Federal Government would assist the state in proportion to the per capita income of the state with the poorest states getting the most federal aid. This is similar to the federal aid system that is proving rather successful in the National Hospital Construction Act.

With approximately fifty-two million of our people now covered through a voluntary plan of health insurance, why should all this be abolished and a new and more expensive system set up? The proposed cost for Federal Health Care is six billion dollars per year. However, a few weeks ago Senator Lester C. Hunt of Wyoming stated that this cost and other Social Security Programs could run as much as 36% of total payrolls of this country. It is a well known fact that government health

care now being given—and it is enormous—costs about twice as much as the same care given through regular channels. Dr. Minges has stated that the National Medical Health Program is, “A political rather than a scientific approach.” There are certain things the founders of our constitution meant to be carried on at a local level and public health is one of these things. I am highly in favor of the program recommended by the American Dental Association for promoting dental health as based on policies adopted by its House of Delegates and set forth as six objectives in a recent issue of the Journal. We in the North Carolina Dental Society will support this program because it is most reasonable and fundamentally sound.

RECOMMENDATION: I should like to recommend that the North Carolina Dental Society pass a resolution in opposition to the National Compulsory Health Insurance Program as set forth in Senate Bill No. S. 1679 and that the secretary be authorized to send a copy of the resolution to each United States Senator and Representative from North Carolina.

A DENTAL HEALTH PROGRAM

We in dentistry will continue striving to develop a practical, workable and constructive program for improving the nation's dental health. Such a program to be workable cannot offer unlimited dental service to all who would naturally be entitled to it on a compulsory insurance basis. An ideal program should concentrate on the child population. If such a program includes adults, children will necessarily be neglected due to the time-consuming and expensive treatment the adult population will require. A federal compulsory dental health program that covers all ages will result in an ever increasing backlog of dental cripples due to child neglect.

In North Carolina we require all of our children to attend school. In the beginning and even today, objectives were voiced to this requirement but we know how valuable the program has proven. Who can deny that good health is equally as important as education? Why not initiate a state-wide dental health program which will require every grade school student to pass a dental health examination before becoming eligible to promotion from grade to grade. This in turn, in order to accomplish needed results, would necessitate the inauguration of a system of child dental treatment. Naturally a moderate beginning would be wise and advisable due to limited personnel and facilities. To be most effective such a program would begin at the first grade level. In this classification we would find a nominal amount of work to be done on the permanent teeth. The second year in operation, the program could include again those same children, but who are now in the second grade, and in addition the first graders. Each year the program would expand one grade and with only a slight accumulated need in the children treated in previous years. Eventually the entire school population could be covered and as a result, good dental health would be enjoyed. This program should extend only through the fourteenth year. The program as suggested above could easily be financed through the allotment of Federal, State and County funds for this

purpose. Such a program would work and would prove far more satisfactory and beneficial than any form of compulsory health insurance program that could be placed in operation. Many variations of this approach are being advocated and I feel that from this great number surely a program could be selected which would meet all requirements.

DENTAL SCHOOL

It is gratifying to report to you officially that a dental school for North Carolina is assured. The first, and by all means a very important battle has been won. The North Carolina Dental Society, in years to come, may accomplish more noble deeds, but I feel that it will be impossible to contribute to North Carolina citizens anything in the future which will mean more to them than this school. A brief review of events leading to this noble stride forward in dental education in North Carolina and the South carries us back some twenty years or more when first an effort was made by men in our Society to secure a dental school in connection with the great Duke University Medical School and Hospital. This effort met with failure. For a number of years the school issue was rested but never forgotten. Four years ago came the realization that North Carolina boys were not being admitted in sufficient numbers by the schools which usually accepted them to fill the ranks of those dentists leaving and retiring from practice for various reasons in this state. Then in 1947, during the administration of Past President Olive, we began to lay plans. A Dental College Committee was appointed to make a study of our plight. This committee, as you know, secured the services of the late Dr. John T. O'Rourke of Boston to make a complete survey of the dental facilities available in North Carolina and those needed. You are familiar with this fine report and we are thankful that Dr. O'Rourke was spared long enough to leave with us this splendid masterpiece. It stands today as a noble monument to one of our country's leaders in the field of dental education. I am proud to say that all expenses relating to this survey and the securing of a dental school for North Carolina have been born by the dentists in our society.

There were many guiding and inspirational spirits in this great enterprise and one of the greatest and most enthusiastic was Dr. H. O. Lineberger who served as chairman of our Dental College and Legislative Committees. Those who worked faithfully and served effectively in selling the school to the citizens of North Carolina, even before our 1949 Legislature convened, are too numerous to mention. However, it is to each member of this society from all sections of the state that credit is due for securing this school. Results obtained prove that you did a fine job for which I wish to thank you most sincerely.

During the months prior to the convening of the Legislature and Senate, many meetings were held and our strategy was outlined for the coming battle. Under the able leadership of Dr. Lineberger and others, the first hurdle was completed—that of convincing the Advisory Budget Commission of our need for facilities to educate dentists in North Carolina. Then came the Joint Appropriations Commission. This hurdle too was passed. Then on January 17th Senator Paul Jones, one of our members,

presented the Dental School Bill in the Senate. Through the weeks Senator Jones and others continued to work for the passage of this bill. As a result of these efforts, we in the North Carolina Dental Society today have seen the first half of our dream come true. We are indeed grateful to all who have contributed in any way toward this great accomplishment. Realizing that no particular individual or group of individuals can claim exclusive credit for the success of this undertaking and knowing that main credit is due the entire membership of the North Carolina Dental Society, I still feel that we owe a special word of commendation to Dr. H. O. Lineberger, Dr. A. C. Current and Dr. Paul Jones who have been so unselfish in their devotion to this cause and who have been the spearheads in securing an appropriation for a dental school in connection with the four year medical school at Chapel Hill.

We shall not be satisfied with less than the best when the North Carolina School of Dentistry opens its doors. There is much yet to be done in order to assure such a school of dentistry here and you may be assured it will be done. Two prospective deans have already been interviewed and others are scheduled to visit our state for conversations.

We extend our thanks to officials of the University of North Carolina, Senator Graham, Chancellor House, Controller Carmichael, Dr. Berryhill, Dean of the Medical School, to each and every Senator and Legislator who worked with us and supported our cause. To Governor Scott we are indeed grateful for his assistance in our endeavor from the beginning.

Yes, there is cause for much satisfaction but not for complacency. We as dentists along with the University Officials have been handed a trust. We are to have a great part in seeing that the trust the citizens of North Carolina placed in our keeping is fulfilled.

Soon after the dental school became official through legislative enactment, I received a request from Chancellor House of the University that a special advisory committee from the North Carolina Dental Society be provided to work with the University and provide sentiment and opinion of the profession. Chancellor House has asked for "A continuing body, duly provided by the organized profession, for we shall need such constant advice and support." With the cooperation and council of our President-Elect and other officers of our Society such a committee was appointed. These committee members should be ratified by the House of Delegates in order that their appointment may be official. Fifteen members compose the committee—three from each district. The membership is staggered to provide for appointment of one member from each district each year.

RECOMMENDATION: I respectfully recommend that this committee as listed with the secretary be ratified by the House of Delegates. That each year the president submit the names of five members, one from each district to replace those retiring, to the House of Delegates for ratification.

EXECUTIVE SECRETARY

Having been privileged to serve the North Carolina Dental Society as Secretary-Treasurer for the usual tenure of three years and knowing full well the enormous responsibility connected with this office, I feel it my duty to inform you concerning these responsibilities. However, at this point, I should like to express my appreciations to our present Secretary-Treasurer, Dr. Fred Hunt, who has served this Society in such an efficient manner.

Those of you who have served your districts in the capacity of secretary-treasurer are familiar with the duties relating to that office. Quite a number of you have served as secretary-treasurer of the North Carolina Dental Society. You are aware, through experience, of the manifold duties of the secretary. It is with the thought in mind that this particular state office has grown to be too much of a burden and carries with it, as well as much honor, too many grave responsibilities if administered properly, to remain an elective office of this society. Today things must be done at once and our entire effectiveness, in so far as a working body is concerned, is built around the secretary-treasurer. Incidentally, I may add that the one who occupies this office receives a yearly stipend of \$250.00 to defray his expenses. He will spend \$1,250.00 in maintaining office personnel and in caring for other necessary expenditures. I am sure that this item, to each of us who have served in this capacity, is the least objectional feature. However, I think you should know, as members of the North Carolina Dental Society, how much a secretary-treasurer contributes to your society each year in his material wealth. In addition to this he must devote from two to four hours each day and many of his Sundays and holidays will be consumed in the same manner.

During the past several months, I have discussed this matter with many of you and solicited your opinion. I have heard the matter of a full time paid executive secretary discussed extensively in the State Officers Conference both at Boston and Chicago. It has been my pleasure to talk over the advantages and disadvantages of a paid executive secretary with our most capable and efficient A. D. A. General Secretary, Dr. Harold Hillenbrand.

In contemplating the employment of a full time executive secretary I do so with a firm conviction that it will be a much needed and decided forward step and one which promises much improved service to our membership. The duties and activities of a state executive secretary are cumulative from year to year and his corresponding experience is translated into an increasingly valuable service to his society. It is a rather difficult task to enumerate categorically all the duties, responsibilities and activities of this office, but, I can assure you that with the multitude of duties now assumed by our acting secretary and with other responsibilities which he would be in position to assume, there would be very little time left for outside tasks.

After much thought and consideration and with the interest of this society paramount, I make for your consideration the following recommendation:

RECOMMENDATION: That, a committee of five be appointed with instructions and authority to make a complete study to determine the advisability of the society's employing a full time executive secretary—(1) To determine the yearly cost. (2) To outline his or her duties. (3) To suggest means of financing the office. (4) To recommend the most centrally located and most practical city in which the office should be established. This report to be presented with specific recommendations at the first meeting of the House of Delegates of the North Carolina Dental Society in 1950.

LIFE MEMBERS

The Constitution of the North Carolina Dental Society, at the present time, provides that: "Life membership shall consist of active members who shall have paid the full annual dues twenty-five consecutive years, and shall be exempt from dues thereafter." We do not know the origin of this custom but no doubt it arose as recognition for loyal, faithful service to the profession. In the North Carolina Dental Society today, we have approximately one hundred and sixty Life Members. This figure clearly indicates the number who are not contributing through membership dues to their district or state societies. Many of these same members, however, are the first to give when special contributions are requested to finance their district activities.

Under our present practice some district societies are severely handicapped with an overload of Life Members. This is true to a lesser extent where the state society is concerned but within a very few years the lack of revenue from this membership classification could work a severe handicap on the state society also. For a number of years the American Dental Association has gradually observed the increasing number of Life Members and felt its crippling effect until in Chicago last September the House of Delegates found it necessary to raise the required number of years to thirty-five that a member must pay dues before becoming eligible for Life Membership. The exact provision as set forth in the new By-Laws of the American Dental Association in Chapter I, Section 20, B—Life Member—"A dentist who has been an active member of this association in good standing for thirty-five (35) years, having attained the age of sixty-five (65) years, may, at his request, be classified as a life member of this association."

In order that the requirements for Life Membership in the North Carolina Dental Society may conform to the recently adopted change as set forth in the new By-Laws of the American Dental Association, and in order that the increased revenue derived from these members over a period of additional years may assist the district and state societies financially—and, in order that the process of bookkeeping to the district and state secretaries may be greatly simplified—and, in order that these men who almost invariably constitute our most progressive and able members may have an active part in contributing as an active member while amply able to do so.

I respectfully submit the following recommendation:

RECOMMENDATION: That the Constitution and By-Laws of the North Carolina Dental Society be changed to conform with the newly adopted Constitution and By-Laws of the American Dental Association wherever necessary and especially as it relates to Life Membership. That this provision include those members who have become State Life Members under our present system and are unable to qualify for Life Membership under the new requirements of the American Dental Association on Life Membership.

DIVISION OF ORAL HYGIENE

At this time I should like to pay a well deserved tribute to the Division of Oral Hygiene of the State Board of Health and to the very able and diplomatic director of that department—Dr. Ernest A. Branch. It is useless for me to extol the many fine things Dr. Branch has contributed to dentistry and to the dental health of North Carolina's children during the years he has served the state. No one man, in my humble opinion, has done more to help promote dental health and its importance among the citizens of our state than has Dr. Branch. The Division of Oral Hygiene in North Carolina has, through the years under his directorship, been a leader and set an example for other states to follow.

Dr. Branch has proven himself a capable administrator, a steadfast supporter of our system of practice in dentistry and a man of great vision and influence. We are indeed grateful for him and for the manner in which he has handled a pioneering task in public health dentistry.

PUBLIC RELATIONS COMMITTEE

To my knowledge, this is the first year the Public Relations Committee has been active and functioned as a public relations should. Under the energetic and capable leadership of its Chairman, Dr. A. C. Current, this committee has placed dentistry in the most favorable light it has ever occupied in North Carolina. Our public relations activities have become an agency we are proud of. It was an invaluable influence in bringing to the attention of North Carolina's citizens the urgent need for facilities to educate our young men in dentistry. This is a time when, as United States Senator Lester C. Hunt stated in Washington recently, "government is run and decisions are made as a result of pressure." Our Public Relations Committee should continue with full authority to represent to the public the North Carolina Dental Society and the things for which we stand. It is our most important medium of keeping our profession in the favorable opinion of the public. As a result of this powerful manner in which public opinion has been converted to our support through public relations and with the prospective need for good public relations more acute now than ever before, I am of the opinion that our best men should be selected for this assignment each year and our society should support the recommendations of this committee.

PROSTHETIC DENTAL SERVICE COMMITTEE

The Accreditation Program for Dental Laboratories as adopted by both the North Carolina Dental Society and the North Carolina Dental Laboratory Association soon will observe its second birthday. From the beginning we have felt that it is the responsibility of the dental profession and of the craft working collectively to adopt the type of regulation most acceptable to, and practical for, both groups. Such mutual understanding and the choosing of a type of regulation suitable to both groups tends to promote the greatest harmony between the groups.

North Carolina has fifty-two (52) dental laboratories. Twenty-one (21) have become accredited. Twenty-nine (29) belong to the North Carolina Dental Laboratory Association. A few fine laboratories in the state do not belong to the North Carolina Dental Laboratory Association and, therefore, are not eligible to join the accreditation program, in spite of the fact that they are ethical, qualified and conform in every respect otherwise.

Most certainly we have had problems this year and there will be problems next year and the next. Let us call them "growing pains." However, I am thoroughly convinced that much good has been accomplished. We have attempted to solve our problems on a state level and that is the only level, as I see it, on which these problems can be solved. Unless we cooperate fully with the plan of accreditation and unless the laboratories settle their differences among themselves and support the plan fully also, there is a grave danger that the practice of prosthetic dentistry will be taken over by unethical laboratories and bushwhackers. Should this occur, the public will suffer, every dentist and every laboratory technician will feel the impact.

There is no need to minimize our degree of inter-dependence and at all times whatever steps are taken should be for mutual benefit and for a more harmonious relationship between the dental profession and the dental laboratories. I favor the continuation of accreditation. We must each do our part and accept our share of duties and responsibilities if the program is to succeed. To Dr. C. C. Poindexter, Chairman of the Prosthetic Dental Services Committee, and his Committee Members I am indeed grateful for the fine job they have done.

HOSPITAL DENTAL SERVICE COMMITTEE

This Committee has performed a much needed service to our profession and to the hospitals in North Carolina through its activities this past year. Dr. K. L. Johnson, the able chairman, has contacted most all the hospitals in our state. It seems that this field of opportunity for recognition and service had not been touched before and this committee at this time finds itself only just beginning to render the service and answer the many requests made of it. I am deeply grateful for the fine job which has been done by our Hospital Dental Service Committee and wish for them much success in the future. We as members should support the committee

in its recommendations and take advantage of the avenue of service and recognition which its labors have made available to us. It has been found that a good number of hospitals in North Carolina haven't a single dentist as members of their hospital staff but are anxious to have dentistry represented. Too, many urgent requests have been received by this committee for advice and assistance in setting up dental departments in the hospitals which are being planned and constructed under the joint efforts of the county, state and federal government. The future need for this particular committee is greater than ever and its effect can be far reaching.

EXHIBIT COMMITTEE

From year to year the responsibilities and duties of the Exhibit Committee Chairman, and the duties of this committee rests almost entirely with this chairman, have grown, and become more burdensome. The exhibits produce a sizeable income for our society and at the same time serve as a convenient method for the supply houses, laboratories and pharmaceutical houses to contact customers. Dr. J. W. Branham, who has served as Chairman of the Exhibit Committee for two years, has devoted much time and effort to this task and I should like to take this opportunity to thank him for a job well done. He has increased the number of firms exhibiting with us each year in which he has been responsible for this part of our state meeting. This is one of the duties that could easily be handled by a full time paid executive secretary.

It is my pleasure to welcome each exhibitor and to recommend that you take the time during this meeting to pay each of them a visit. These fine people who support the North Carolina Dental Society by exhibiting with us deserve our support.

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM

It would be impossible to correctly evaluate the services of this important committee to each and every member of the North Carolina Dental Society during the past twelve months. It was mainly through the efforts of this group of men working with the Veterans Administration that the fee scale for veterans work was increased recently. Many problems, which might have become serious had not this committee been available and alert to help settle, were settled most satisfactorily for all concerned. A special word of commendation is due Dr. P. B. Whittington who served as chairman of this committee and to each member. After observing the efficiency exhibited by these men in the performance of their duties in behalf of the North Carolina Dental Society, I am thoroughly convinced that North Carolina dentistry occupies a most favorable position with the Veterans Administration today. I wish to thank the Veterans Administration officers in this state and district for the fine cooperation given our representatives at all times.

CONCLUSION

In conclusion, please allow me to express my deep appreciation to all of you who have contributed your time and energies in behalf of this administration. I wish to thank the members of the Program, Clinic, Arrangement, Housing and Entertainment Committees who have worked so diligently and faithfully in order that this meeting might be a success. To you who have taken and will take part in the program of this meeting, the clinicians, essayists, lecturers, special guests and entertainers, I wish to express my thanks, for with your unselfish contributions of knowledge, ability and talent you are greatly enriching the minds and spirits of our members. It would be impossible to repay you in a material sense for the part you will have in this meeting. Please know, however, that we do appreciate and are thankful for your efforts. To each and every committee chairman and member who have performed their duties so efficiently during our term of office, I extend my heartfelt thanks. I am grateful for the splendid job our Editor-Publisher, Dr. Franklin Bumgardner, has performed. He has contributed a note-worthy accomplishment to the North Carolina Dental Society through his fine work. I recognize also the fine cooperation and assistance rendered me by our President-Elect, our Executive Committee and our very efficient Secretary-Treasurer during the past year. As fellow officers you have supported and encouraged me greatly. To each of our splendid districts, its officers and its membership, I owe a debt of gratitude for the support and strength furnished me in my efforts.

The profession of dentistry is in a forward cycle. We are entering into a period of vast possibilities in the field of research and prevention which will mean much to our fellowmen. The economic outlook is as good as in any other profession provided we are allowed to continue an independent practice. Our great responsibilities are to see that the public's interest in oral health does not lag, and of providing the professional personnel to supply the need. In North Carolina today both of these responsibilities are being met.

Toward the end of this meeting when I shall take leave of this high office entrusted to me and turn its duties, honors and responsibilities over to my successor, I sincerely hope that you will give him the cooperation, assistance and encouragement which you have given me. It has been a pleasure to have had the privilege of serving you during the past year and to me this privilege has meant more than any other honor I ever hope to receive. The fine experience of working with you and for you has convinced me that here in North Carolina we have men, a profession and a society which compare most favorably with the best our country affords. For your thoughtfulness, your assistance and cooperation, your friendship and your fine spirit during the year, I am most appreciative. For each advancement and every progressive step forward we have taken during this administration, I recognize the part you played. For your friendly advice and council, for your warm hearted acceptance of me in your district meetings, in your confidence and in your homes, I shall ever be most grateful. (Applause.)

VICE-PRESIDENT ATWOOD: Thank you, Dr. Sanders. I will now appoint the following committee to report on the President's address:

Dr. D. L. Pridgen, Chairman; A. C. Current, and C. C. Poindexter.

PRESIDENT SANDERS: Thank you, Dr. Atwood.

The next order of the program is the report of our Mementos, by Dr. Amos Bumgardner.

DR. AMOS BUMGARDNER:

THE NECROLOGY COMMITTEE

In the beginning of each annual program as we re-assemble from year to year space is allotted on the official agenda to pay tribute to those who were with us last year, but today are only memories of the works which they did.

If a man die shall he live again? That question is as old as death and as new. But what a strange way to ask it; if a man die. There is no If. The grim reaper whets his scythe, swings it, and leaves nothing for the gleaners. One of the few certainties about our earthly life is that it must end. Shall he live again? For all these years men have debated it up and down the land, and yet no human soul has returned to this earth to carry the message. We try to seek the depths of this sacred certainty. We turn to the Book of Life from whence cometh our help and read the beloved disciple John, the fourteenth chapter, the following extraction spoken by our Lord when he said "In My Father's house are many mansions; if it were not so I would have told you. I go to prepare a place for you, and if I go to prepare a place for you I shall come again and receive you unto myself. For where I am there you shall be also."

Thomas sayeth to him, "Show us the way." He said, "I am the way, the truth and the light."

And as we cease to grapple with earthly powers, we catch on to the hope of things eternal, and we shall be guided through the innermost realm by hope and faith which we ourselves have been able to attain in this life of preparation, and so to our departed comrades, whose short histories are presented as a permanent record in our official yearbook we pause at this time to pay our deepest respect.—A. S. Bumgardner.

DR. WALTER FRANKLIN CLAYTON

1887-1948

With feelings of deepest regret, the Third District of the North Carolina Dental Society must record the passing of one of its most diligent and distinguished members. Our beloved and respected associate, Dr. Walter Franklin Clayton, died on October 25, 1948.

Dr. Clayton was born at Mars Bluff in Florence County, South Carolina, July 24, 1887. He was the son of the late William F. and Rachel

Elizabeth Brown Clayton, a prominent South Carolina family. His father served as Consul from the United States to Peru during the administration of President Buchanan.

Dr. Clayton was an active member of the First Baptist Church of High Point, North Carolina, serving on the Board of Deacons and various other important committees of his church. For quite a number of years until his death he was superintendent of the Sunday School of the same church. Under his leadership this church school has grown in spirit and number until it ranks at the top.

As many of you will recall, Dr. Clayton served as president of this organization and on possibly all of its important committees. In the records of the North Carolina Dental Society you will find the same trend of service, always performed with a willingness and superb efficiency.

He received his early education in the Florence, South Carolina schools. In the year of 1904 he matriculated at the Southern Dental College, Atlanta, Georgia, to pursue the study of dentistry. After completing the first scholastic year's work, he resumed study at the Baltimore College of Dental Surgery, University of Maryland. In the year 1907 he received the degree of Doctor of Dental Surgery from this institution and after being duly licensed by the Board of Dental Examiners of North Carolina, took up the practice of his profession in High Point, North Carolina. Soon after the United States entered World War One, Dr. Clayton offered his services and was Commissioned Captain. His unusual ability was soon recognized and by order of the Surgeon General was made Commanding Officer of the dental division in the base hospital at Camp Sevier, South Carolina. In this capacity he served until he was discharged from the military service. Never being satisfied to practice other than the best, and most modern Dentistry, he at this time continued studies in Philadelphia. On completion of these courses he resumed practice in High Point. His tact, magnetic personality, ability, and knowledge of modern dentistry, built for him a large and ever growing clientele until he retired in April of last year (1947), because of declining health. Forty years of genial, optimistic, and capable service to suffering mankind, both professionally and spiritually, should cheer us in our seasons of gloom and encourage us to look forward with greater faith to a brighter future.

If Dr. Clayton could speak to us here today, his words would likely be a warning and an exhortation to us who have further time for service. No doubt he would speak as the ancient prophet,

"Be thou faithful, faithful to God whose we are, faithful to the people who have been committed to our trust," "Be thou faithful unto death and I will give thee a crown of life."

Because we realize to the fullest extent the benefits which this organization has derived from the work of this willing and beloved man, and because of the warm personal feeling inspired in our hearts by his kindly, unselfish life; be it

RESOLVED, That we inscribe upon our records this tribute to his memory, that future generations may know and appreciate his splendid Christian character, his many benevolent deeds, and the respect and esteem in which he was held.—W. R. McKaughan.

DR. WALTER ROSS DAVIS

1867-1948

Dr. Walter Ross Davis, eighty-one, dean of Columbus County Dentists, died on December 5, 1948, at his home in Whiteville, N. C., after fifty years of service in the dental profession.

Dr. Davis was born on March 18, 1867, in Bladen County, the son of William and Catherine McLean Davis, one of eleven children. He was educated in the rural and high schools of Bladen County and entered Atlanta Dental College in 1890. For two years after graduation he was an itinerant horse and buggy dentist in Columbus, Bladen, Robeson and Brunswick Counties. In 1898 he established permanent offices in Whiteville where he resided until his death.

Dr. Davis served as Mayor of Whiteville from 1904 to 1912, and was active in all civic enterprises and organizations in his community. He had been made life-time president of the Columbus County Dental Society in recognition of his fifty years of service.

He was a member of the Methodist Church and a member of the Masons, Knights of Pythias and Elks fraternal organizations. As a member of the Selective Service Board from 1917 to 1919 he made outstanding contributions to the war efforts in the first World conflict.

Dr. Davis is survived by his wife, the former Jennie Byrne of Columbus County and six children: W. Ross, Byrne and Herbert of Whiteville; Mrs. H. H. Powell of Charlotte, Mrs. A. L. Hendley of Wadesboro, and Miss Nell Davis of Washington, D. C. One son, Locke, lost his life in the recent World War.

DR. PLEASANT RALPH FALLS

1877-1948

Dr. Pleasant Ralph Falls was born in Gaston County, N. C., August 20, 1877. He passed away October 2, 1948. He was the son of George W. and Mildred Wilson Falls. He was graduated from the University of Maryland School of Dentistry in 1897. In 1903, he was married to the former Miss Clara Holland. To this union were born: Ralph H. Falls, John R. Falls, Mrs. Lacy Faust, Mrs. George Johnson, Mr. George Falls, and Miss Rebecca Falls. He is survived by his widow and their six children.

Dr. Falls was a charter member of the Gastonia Rotary Club, a Shriner, a member of the First Presbyterian Church, and a member of his local, district, State and National dental societies.

Dr. Falls practiced general dentistry from 1897 to 1944 when declining health forced him to retire. With the exception of a short time in Clover, S. C., he practiced the entire time in Gastonia, N. C. In 1925, he and Dr. A. C. Current became associated in practice under the title, "Drs. Falls and Current." This professional relationship continued until Dr. Falls' death. A tribute to Dr. Falls by his associate in practice appeared in the "Gastonia Rotary Spinner" immediately following the passing of Dr. Falls. It was later published in the *Gastonia Daily Gazette*. It is published here by permission of the writer.

THE GOOD IN US NEVER DIES

It was early on a July morning, 1924, that Dr. P. R. Falls slipped quietly into my reception room; left a large bag of delicious peaches; and got away unnoticed. It was later in the day that I called to thank him for the peaches, and he invited me to his office at closing time.

The giving of this bag of peaches was the initial act that set in motion a good work—an enduring work; for the good in us never dies. At this time, I am certain that Dr. Falls had no conception of my many problems. Time and time again thereafter, however, he proved that he was never averse to any difficulty of mine.

In October following the beginning of our professional association, January 1, 1925, I was to be married. When I took his hand to say good-bye immediately before departing for Atlanta, he looked me straight in the eye and said, "How much money do you have?"

"Twenty-five dollars," was my reply.

"Take this; don't count it now; get going;" he said, smiling as he pressed some bills into the palm of my hand.

As I sat under the steering wheel of my car and counted five one-hundred dollar bills, a new world loomed before me. What could this be? What could prompt a man to trust me with five hundred dollars? Honestly, the exhilaration of this event all but over-shadowed the wedding itself. Moreover, he would not allow me to repay this in any way but in small monthly payments, insisting that I needed my money for more urgent things.

As time went on, he observed that I was regularly renewing notes and sending them to various places; for indeed, I owed money all over Transylvania and Iredell counties. So he began to insist that I get the whole of my indebtedness summarized and borrow the money from a local bank. He said that he would be glad to endorse for the full amount. But Daddy had always told me that borrowing from or lending to friends was a certain way to end friendship. Having Dr. Falls sign my note was the same as borrowing from him, and I did not propose to do this. Finally though, I agreed for him to arrange such a loan for me. I paid a little every ninety days; always giving him the old note to tear up in my presence. When the last payment was made, I think he rejoiced more than I.

I could go on indefinitely telling you about the good things this man has done and about how they grow sweeter and more important with every passing day. I could tell you about the times that I have passed them on to my boys. I can assure you that my boys will pass them on; for the good in us never dies.

In our twenty years together, we never had a written agreement. Only a gentleman's agreement by word of mouth was all necessary in all our transactions. Certainly there were times when nerves were strained and both body and mind were tired; but never once did he raise his voice or show the slightest temper. Many times when my hot-headedness would get the best of me and I would threaten to run someone out of the office, he would come around quietly and say, "Well, we have so many things to consider that we just have to go along and do the best we can. It is always best to say as little as possible and to say it as nicely as possible."

But I think the climax to our relations came once a year, and that was on Christmas Eve. Strange as it may seem, he never, or rarely ever, mentioned our personal relationship except on Christmas Eve. I soon learned that he did not want me to make any engagement or to let anything interfere with his plan for us to spend that afternoon together.

He would always open the conversation by stating his joy in our professional relationship. This would usually be sufficient to start me relating my version of the year's outstanding happenings. We would talk of the rough spots. We would relate those instances of patient load, of patient dissatisfaction, of human weariness, and of mental strain that taxes human endurance down to its raw bones and naked nerves. But he would always come through by saying, "We just have to go ahead and do the best we can."

He was never willing, though, to close these discussions in any such general manner. He always wanted to express his personal feeling about our association—about the permanency of it. "I hope we never dissolve it," was his most frequent remark at these meetings during his latter years. And I would have been a little less than human if I had once failed to assure him that as for me, "our professional relationship has long since been sealed for endurance so long as we both may live." Then as we stood face to face on these Christmas Eves with nothing to prevent us from going into each other's embrace with the full assurance that our lives were mutually beneficial each for the other, I felt a love swelling my bosom that is not unlike the love of a son for a father. It is a love inspired by the kind deeds, by a mature wisdom, and by the gentle spirit of a good man. It is an enduring love; for the good in us never dies.—A. C. Current.

DR. HERBERT A. MOSS

1883-1948

Asheville, N. C., September 9, 1948.

On this date death claimed Dr. Herbert A. Moss, sixty-five years of age of Leicester, who had been practicing here for approximately twenty-

five years. Dr. Moss was born in Hendersonville, N. C., February 16, 1883. He was the son of Eugene T. and Kitty Ann Gudger Moss. Dr. Moss received his dental degree as a graduate from the North Pacific Dental College, receiving the degree of D.M.D. in 1905.

In his twenty-five years of service in Buncombe County he was president of the Buncombe Dental Society during his lifetime. His death came after a lingering illness in the hospital. Dr. Moss is survived by his widow Mrs. Willmae Carter Moss; two brothers, R. G. of Emma and Clyde R. of Leicester; two sisters, Mrs. E. W. Parham of Asheville and Mrs. Marie Moss of Leicester, and a number of nieces and nephews. Dr. Moss was a faithful and outstanding man in his community, and was at one time past president of the Board of Directors of the National Farm Loan Association.—C. A. Pless.

DR. ROBERT E. REYNOLDS

1882-1949

Lexington, N. C., May 10, 1949.

Dr. Robert E. Reynolds died at the Lexington Memorial Hospital, being sixty-seven years of age. Dr. Reynolds was born February 2, 1882. Dr. Reynolds was graduated at the University of Medicine, Richmond, Virginia. He came to Lexington from his native Chatham, Virginia, and established his dental office. Through the years he made a host of friends; he had a cordial disposition, extremely generous and interested in civic endeavors of all kinds. More than once adversity fought against the rock of his strong soul, but Lee Reynolds, named for that great chieftain of his native Virginia kept his head erect and his breast bared to the stormlike courageous soul that he was. Yet withal he tasted often and deeply of the joys of living. Dr. Reynolds was a genial gentleman and a friend to mankind. Things that did not seem right to him could ruffle his temperament and move him to frank words, but he was kind to his fellow man. He might have been richer in worldly goods if he had not been so generous; but that very spirit of kindness became enriched as the years passed him by and left their marks on his body and strength and peace to his soul. We never heard anyone complaining that the kindly dentist overcharged him, but there were perhaps many who remembered that he undercharged them or his refusal even to make a charge.

Lexington is a better place for Dr. Reynolds' having come down from a Virginia farm and planted his life so deeply there. His wife left his side in death several years ago. He is survived by his daughter, Mrs. Pearl H. Reynolds, who is associated with the Davidson County Welfare Department. Others who survive are Dr. J. L. Reynolds of Emmett, Idaho, and T. J. Reynolds of Chatham, Virginia. Long may he rest.—Wade Sowers.

DR. DON WILLIAMS

1866-1949

Dr. Don Williams died April 20, 1949, at Edgecombe Hospital in Tarboro, N. C. He was born in Tarboro, October 2, 1866, the son of the late Dr. Donald and Martha Coffield Williams. He attended the Wilkinson Academy in Tarboro, and was graduated from Baltimore College of Dental Surgery in 1889. This was the first Dental School in the country and was later taken over by the University of Maryland.

During that same year he opened an office in Tarboro where he continued to practice for sixty years.

He is survived by his wife, the former Miss Nina Banks, of Elizabeth City, N. C., two daughters, Mrs. Gilbert Fitch of Walnut Cove, California, and Miss Patsy Williams of Tarboro.

Dr. Williams was an elder in the Howard Memorial Presbyterian Church in Tarboro for many years, and was greatly admired and beloved by a host of friends throughout the town and Edgecombe County.—R. W. Moore.

DR. BIOUS WINGATE WILLIAMSON

1885-1948

Bious Wingate Williamson, born July 24, 1885, near Clinton, Sampson County, North Carolina, spent the early years of his life on his parents' farm. At the age of twenty-one he went to Wilmington to work for the Atlantic Coast Line Railroad as a clerk. While in Wilmington he attended the Baptist Church, and enrolled in a Sunday School class. The teacher of that Baptist Sunday School was a prominent dentist and so great was his influence over young Williamson that he resolved to take up the study of dentistry. He first studied at the Dental School of the University of Maryland in Baltimore, but missing the Southland, after one year, he transferred to Atlanta Dental College, from which he graduated in 1911.

After graduation Dr. Williamson was associated for a while with a dentist in Laurinburg. He soon withdrew from this partnership and set up an office of his own in Hamlet. There he met and married Miss Mildred Bauersfeld and their marriage was blessed by two sons.

From the beginning Dr. Williamson took an active interest in civic affairs. He first served as chairman of the school board and then for fifteen years as Mayor of Hamlet. He assisted in County affairs by serving on the County Board of Health and as its chairman. For twenty-five years Dr. Williamson was president of the Hamlet Building and Loan Association. His chief hobby or diversion was farming. For many years he engaged in the production of peaches and he exhibited the same determination and talent in the agricultural field as in other fields.

Dr. Williamson was a thoroughbred gentleman, entitled by his accomplishments as a professional man, a farmer, a businessman, and a politician, to a place of high estate, yet he wore the robes of his rank with a rare grace and ease which is found among few ordinary men.

Dr. Williamson quietly and suddenly slipped away on November 4, 1948, of coronary thrombosis, leaving many to mourn their loss and cherish his memory.

DR. HALE: Mr. Chairman, may we have the privilege of adding one more to that?

He was not a member of the North Carolina Dental Society. He did contribute to the survey made of this Society and we would like to have go on record that Dr. John Thomas O'Rourke has passed away. He was born August 18, 1888 and died June 3, 1948.

JOHN THOMAS O'ROURKE

1888-1948

Dr. John T. O'Rourke, who made the survey for the North Carolina Dental Society, died of a heart attack early Thursday morning, June 3, 1948, in Boston.

Doctor O'Rourke was one of the notables in the dental profession. He was director of post graduate studies at Tufts College Dental School, whose faculty he joined in 1944. From 1926 to 1944 he was dean of the College of Dentistry, University of Louisville. From 1936 to 1940 Doctor O'Rourke was editor of "The Journal of Dental Education." During the war he was chairman of the Committee on Dentistry, Procurement and Assignment Service of the Federal Security Agency. For many years he was active in the affairs of the American Dental Association and was a member of the Council on Dental Education.

When a special committee of the North Carolina Dental Society was given the responsibility of studying the Dental Health Problem in North Carolina the field was carefully scanned for one qualified to make a survey and recommendations. Doctor O'Rourke was the unanimous choice. After three trips to North Carolina for the purpose of gathering data and then several weeks' work in compiling this data, he made a detailed and comprehensive report on the Dental Health conditions,—present and future. Had he made no other contribution to dentistry, this report would have earned for him an honorable niche in dental history.

Doctor O'Rourke was a learned man, but he wore his mantle of knowledge with wisdom and humility. From those of us with whom he worked closely he earned and received both respect and affection. By his thoughtfulness, kindness, and unassuming manner he won appreciation and admiration from the dentists of North Carolina. We deeply regret that so valuable a man is gone.

Doctor O'Rourke was born in Saco, Maine, on August 18, 1888; died in Boston, Massachusetts, June 3, 1948; and was buried in Portsmouth, New Hampshire, June 5, 1948. He is survived by his widow, the former Helen M. Cleaves.—Fred Hale.

DR. BUMGARDNER: Thank you, Dr. Hale. I am sure we are happy to receive that.

A MEMBER: Dr. Bumgardner, does that just include the members of North Carolina Dental Society?

DR. BUMGARDNER: That includes all that have died in the State.

A MEMBER: Dr. J. J. Hicker, I think, died since our last meeting.

DR. BUMGARDNER: Thank you, sir, and Dr. R. R. Reynolds died, of Lexington, and I have his transcript here in due form.

Are there any others? (There was no response.)

Almighty and Eternal God, the giver of life, the giver of health, we stand in humble submission of this power that makes us human souls to become as babes in our mothers' arms, to run careless about the field of play in our life, to grow up to adults and there to take our place in the category of human events as they, and we serve this human race. We thank Thee for the opportunity of service and as we think this morning of these men who have laid down the gauntlet of life and the body has returned back to the dust that gave it and the soul to the eternal God from which it came, we thank Thee for their pleasures around their firesides, the many years of service that they have given to this profession that has become noble through them and through those other men who have preceded them and to them and to the unnumbered numbers who make the annual pilgrimage each year.

May we, too, when we pass from this state of action have done our part as, they too, and that innumerable band of great crusading professional men. As we march together, we would pause at this time and pay tribute to the empty chairs around the fireside of each home and the place which they have so wonderfully occupied. Bless their families and cherish them and give them that sublime faith for which all men must some day give an account.

We now take this meeting as a continuous program of progress and march steadily onward in the future through the help of this our beloved Southland and state, in Jesus blessed name. Amen.

PRESIDENT SANDERS: Thank you, Dr. Bumgardner.

The next on our program is the introduction of visitors, and I will recognize Dr. Z. L. Edwards.

DR. Z. L. EDWARDS: Mr. President, members of the North Carolina Dental Society and guests: I regret very much that in arriving last evening, I have not had an opportunity to contact personally each and every visitor. I have been given a list from the Secretary which shows a

list of many visitors, not only from our adjoining States but many from north of the Mason and Dixon Line.

I am sure that my fellow members of the Society join me in expressing to each and every visitor our sincere appreciation for the interest which you have shown by your presence. Much has been written about Southern hospitality and it is our desire, especially to you fellows from north of the Mason and Dixon Line, to show you that in North Carolina it is not a myth, but a reality.

It is our desire to do all that is within our power to make your meeting with us full of fellowship and joy and entertainment. May I call your attention to the fact that we have an official committee of the North Carolina Dental Society designated as the Committee on Entertainment of Out-of-State Visitors, headed by Coyte Minges. May I say to you that if there is anything that you need or desire while you are in our midst, that he and his associate members will be glad to supply you with anything from aspirin to ball tickets.

It is possible that I do not have a list of all the visitors attending our convention. If your name is not listed among those which I have, please know that it is not left off intentionally.

Dr. J. Ben Robinson, Dean, Baltimore College of Dental Surgery, Dental School, Baltimore, Maryland.

Dr. C. W. Camalier, Washington, D. C., Past President, American Dental Association.

Dr. Oren A. Oliver, Nashville, Tennessee, Past President, American Dental Association.

Dr. R. P. Thomas, Louisville, Kentucky, Trustee Sixth District.

Dr. R. H. Fredericks, Plainfield, New Jersey, Chairman Federal Dental College.

Admiral A. W. Chandler, Chief Dental Inspector, U. S. Navy.

Admiral C. V. Halt, Chief Dental Division, Washington, D. C.

Dr. John A. Buhler, Dean, Dental School, Emory University, Atlanta, Georgia.

Karl B. Veneer, Chief, Veterans Administration.

Dr. A. M. Walsh, Past President, Virginia State Dental Association.

Dr. M. L. Brockington, Past President, South Carolina Dental Association.

Dr. J. R. Fleet, Richmond, Virginia.

Dr. H. B. Bain, Division of Public Information, American Dental Association.

Dr. L. S. Hoover, Richmond, Virginia.

Dr. Tom Fox, Philadelphia, Pennsylvania.

Capt. D. W. Lynn, Annapolis, Maryland.

Capt. E. W. Wielis, Parris Island, South Carolina.

I should like to make the observation that it seems to me that at this meeting there are more dentists who have their wives with them than usual. I would like to congratulate these fine ladies and say that their presence is a great influence on their husbands while at Pinehurst. We are delighted that so many visitors have seen fit to have their wives accompany them to this meeting in North Carolina.

MEMBER: There are four faces missing here this morning. I would like to mention their names: Dr. J. S. Fitzgerald, Dr. John Swenning of Asheville; Dr. Bob Olive, one of our Past Presidents; Dr. Erby Hoyle.

PRESIDENT SANDERS: And also Dr. W. T. Smith.

MEMBER: And Dr. Sinclair of Asheville.

PRESIDENT SANDERS: I think we have skipped some visitors. I see present among us one of the sweetest people I have ever known outside my own mother and wife, a person that all of us know and all love. She is the mother of dentists and dentistry throughout the South, and I believe I would be safe in saying throughout the nation: Mrs. Delos L. Hill, of Atlanta. Mrs. Hill we are delighted to welcome you to this meeting.

At this time I will recognize Dr. Paul E. Jones, who will introduce our next speaker.

DR. PAUL E. JONES: President Sanders, fellow members of the North Carolina Dental Society: It is certainly a pleasure to stand here before you and introduce the next speaker on our program whom we all know and who needs no introduction to you. We all know his very fine work in dentistry out of North Carolina and for North Carolina. We are very proud of our Trustee.

Those of us who have been around the meetings of the A.D.A. are very proud of the name when we hear it spoken among others of other parts of the country.

Dr. Johns has done a wonderful job in representing the Fifth Trustee District on the Board of Trustees of the A.D.A. I am happy to present him to you this morning.

DR. J. E. JOHN: Mr. President, distinguished guests, ladies, and members of the North Carolina Dental Society: I wish first to express to you my sincere appreciation for the privilege of appearing here for your Ninety-Third Annual Convention. Mrs. John, I am sure, will concur with that expression.

Too, I wish to announce to you that the report that I prepared (and I am supposed to submit at this time) will not be submitted for the simple

reason that you know what is being done. You know that your President is a great president and you recognize that more and more as the days go by. You have two excellent speakers following me. I understand that Senator Hunt will address us, and I am sure that there is no one in the Association who is more efficient than Dr. Hillenbrand when it comes to handling detailed activities of the organization.

There are two or three things that I wish to call to your attention, however. First, there is no need for me to emphasize compulsory health insurance. We know where we stand on that and probably hear more about it as we go along.

Our representation in the House of Delegates of the American Dental Association is something that I want to emphasize and I would like for you to think about and for you to follow the excellent suggestions of your delegates.

There are two or three proposals which would reduce the size of the House of Delegates, and might affect North Carolina—it certainly would if one of the proposals is adopted, that of California, which is similar to a resolution which has been submitted on two or three occasions by the State of New York. Oregon has a proposal and, in my own personal opinion, I think probably Oregon has a better proposal than either California or New York, though some of the States with larger representations might not agree with that.

It has been their suggestion a number of times that the reason for reduction in the House of Delegates is that it is difficult to handle the large group of men in the accomplishment of a definite purpose. That probably has been true. I doubt very much if it is at the present time because last year you will recall that the Speaker of the House was elected; the Speaker is a capable Society officer as will be his successors, so I doubt very seriously if there is any occasion for changing our present representation in the House of Delegates.

There is another proposal which will probably be presented in California, that of the Life Membership. I am interested in that. I voted with the Board of Trustees when they voted to do away with Life Membership because of the cost of the operation of such a program in so far as it has affected the American Dental Association.

At the present time, if it is presented (and I presume that it will be), I shall have to change my position. I cannot say to a man who has served dentistry for 50 years time when, for some reason, he becomes unable to pay his dues, that we are no longer interested in you "because you haven't got the money for us." So, I will have to object if the Life Membership problem does come up or if there is any attempt to absolutely eliminate Life Memberships.

You heard this morning from your President's report what the present status of the life membership is, and it isn't bad as it stands—35 years service, 65 years of age.

Again, Mr. President, I want to thank you for the privilege of being here. I shall submit no further report unless I am asked to do so. (Applause.)

PRESIDENT SANDERS: Thank you sincerely, Dr. John, for the fine job you are doing as our Trustee and for your appearance here today.

At this time I am assuming a privilege which is most delightful. I think it is one of the greatest privileges that a President of this organization might have.

I shall not attempt to introduce someone you know so well, I am just presenting to you one of our members, a man we love and respect, a man we are most proud of, Dr. Clyde E. Minges, President of the American Dental Association.

NATIONAL PRESIDENT CLYDE E. MINGES: Mr. President, Members: I might say to you before anything else that you have been hearing me talk for 30 years, those that are unfortunate enough, and at no time have I had any difficulty in being heard. In fact, I grew up as the youngest member of a big family and I learned that I had to talk very loud in order to be heard.

Since about four weeks ago, for a good part of it, I have hardly been able to speak above a whisper. Unfortunately, my schedule is such that I have been called upon to speak quite often. I think I spoke in Indianapolis on Sunday, Monday and Tuesday several times, and caught the train at 5:45 Tuesday and got to Knoxville at 7:00 the next morning. I spoke first at 8:00, next at 9:45, and 10:45, and my throat is in terrific condition.

I know that you fellows who have heard me talk know I was well qualified to sing bass in a bull quartet—I have joined the hummingbird symphony.

I have today a privilege that few men have. It is a privilege perhaps that thrills me more than I have been thrilled before. That privilege, ladies and gentlemen, is extending official greetings to my own State Society, my own fellow members of the North Carolina Dental Society from the American Dental Association.

I must say that many who have heard me know it has gotten to be a byword to get up and say, "Forget about North Carolina and tell us a story." Every other place that I have appeared in extending greetings, I always bring in greetings from that great State of North Carolina, whence I come. I can't do that to you because you are all fellow North Carolinians, but I can extend to you greetings from the American Dental Association and my own warmest personal greetings, as you know.

I have been asked to talk to you about the activities of the American Dental Association. However, my voice is in bad shape, you have two speakers following me immediately better qualified to tell you these things than I, so I will not do that. I think two of the outstanding speakers of

the country are here to tell you something about that, and you people have heard me so much that I feel that you would much rather hear them.

I want to say that from my personal knowledge, for 30 or 31 years, I know this to be a fact, and so far as I have been able to go into the history of the North Carolina Dental Society, I believe that this is the first time that this organization has been honored by the appearance on their program of a United States Senator. I would like to say, too, that this man is no ordinary U. S. Senator. I have known him quite well for some time now, and I have attempted to familiarize myself with the history of the members of the Congress as to their support of the dental profession, and I believe that I can make this statement—that dentistry has never had as good a friend in the Congress of the United States as the man I am about to present to you. I have never seen anyone who had a keener insight into the difficulties, into the problems, and into the pitfalls of all this socialized insurance and all that sort of thing.

As I said, this man is not an ordinary Senator. He practiced dentistry in his home State of Wyoming for several years. He was President of the Board of Examiners; he served his State as Governor two terms, and when he came to the Senate, it has been my observation that it took the fellow, a freshman Senator (and a freshman Senator usually finds it hard to make his way around for the first two or three years), not long to make himself known. I have seen men who have been in the Senate for years come to him and seek his advice. No ordinary person could do that.

It is my extreme pleasure and privilege to present to you at this time Senator Lester Hunt of the State of Wyoming.

SENATOR LESTER HUNT: Mr. President, Clyde, members of the North Carolina State Dental Society: I was happy when Clyde got through that introduction. What a responsibility you have put on my shoulders, Clyde. You are all too gracious and kind in your introduction.

This is the first time that I have had the honor of being introduced by the President of the American Dental Association. It is the greatest honor that can come to a dentist, being President of the American Dental Association, and I envy the wonderful record you have made.

I should like to mention a second thing—I had the honor (and I think the greatest honor that I have ever had) of being President of my State Society, and so I am with you today not as a United States Senator, please, but I am here today as a dentist. I practiced 16 years. Dentistry was good to me, very good to me. It is a great profession and I think the greatest of all.

We are now coming to a situation in the history of dentistry where we must organize, where we must work together, where we must stop this thing that is snowballing to do dentistry the greatest injury of anything that has ever happened in the history of the profession.

May I approach my subject this morning by saying that I think if you could give a subject to my remark it would be something like this: "Social Trends in Health Services."

I want to first call your attention to something that has been happening in the United States over the last 20 years, and that is the complete elimination from our daily lives of free competitive individual enterprise. I motored down yesterday afternoon from Washington. As we were leaving the city, I stopped to fill up the car with gasoline. Across the street there were filling stations on each corner. It made no difference which one of those stations we patronized—the price was the same.

(By the way, I am just simply enjoying my trip. It is the first time I have ever been in the Deep South, and as I am going to motor back, I shall go leisurely so I can see and read every historical sign along the road.)

In submitting plans and specifications in great detail to three supply companies, three lumber companies, I was amazed not long ago, when they came up with exactly the same figures. In building a home, the carpenters, other tradesmen, regardless of whether they were experts, or whether they were entirely unaccomplished in their trade, whether they were experienced to any great degree, they all received the same pay, exactly the same pay per hour. That pay was not set by the individual workmen—it was set by the union wage scale.

Then, recently, we have seen a situation of what we call Government support for farm products. No longer is the farmer the rugged individualist he used to be at all. By being subsidized each and every one of them, regardless of where they may be located, receive the same price for their products. There may be a half dozen milk concerns who deliver milk each morning, but their milk is the same regardless of who delivers.

I could go on endlessly, but suffice it to say that in the United States today, free, competitive, individual enterprise exists nowhere except in the professions, and if we are not careful and pay some attention to what is happening in Washington, we are going to lose that.

Even though I have seen this in the making since 1939, actually it would have been submitted in '35 had not the program had so many other features. The 1939 bill was introduced providing for compulsory health insurance, and it has been reintroduced in every session of the Congress and in each succeeding session of the Congress, it makes a little more progress.

But, even at that, I actually was surprised and I was somewhat startled when, on April 22, the President submitted to the Congress in a very strong message his bill for compulsory health insurance. The President never used the word "compulsory" in the three thousand word message to the Congress. He used the words "comprehensive health program."

I hold here the most important document ever written in the history of the world with reference to our profession—make no mistake about that. It is S-1679. I would suggest to you gentlemen, and I am talking right up your alley, I am speaking of something that means the life or death of our profession as we have known it for the last one hundred fifty years, that you put that number down,—S-1679.

In 163 pages, the future of dentistry is outlined. It should be the most interesting document you have ever read for it deals directly with your dentistry right at your own chair.

You can secure a copy of this bill by writing to the Secretary of the Senate, to the Senate Documents Room, or a little better way—write your own member in the United States Senate and your Representative in the lower House telling him you want a copy of it and what you think of it when you ask for it.

I said something about free individual competitive enterprise. Government today is by pressure groups. I won't go into that for you know it as well as I do. Whenever legislation affecting labor is before the Congress, labor is there exceptionally ably represented. Whenever matters pertaining to the farmer come up, the farmer is there ably represented.

There is an old trite saying that "The wheel that squeaks the loudest gets the grease." Whether we like it or not, gentlemen, we must become a pressure group. Individually, we can have personal influence with those whom we are personally acquainted with in the Congress, but we must act as an organization, and I say that advisedly. With the intelligence that we possess, if we exercise it in the proper way, the Congress would never know a stronger pressure group than we are. That is the line of reasoning and action I think we must follow.

As I said to you, this bill was first presented in 1939. I have attempted to read all of the testimony, but have not been able to do that for there are eight volumes of it, approximately a foot high, something over 15,000 pages, and I did calculate the number of words, but I have forgotten—it is a terrific amount.

I think we have all taken the position, "They can't do that to us"; "That just won't happen in America." But it is happening.

Heretofore we, the American Dental Association, have not had a great deal of public relations. I think you will agree with me that we have been a retiring group. We have never attempted an educational campaign in the United States, excepting primarily, perhaps, for the good of the school children. That is the only type of propaganda we have ever attempted to give to the public. I don't think the A.M.A. has as good public relations as we have had.

I am reminded of the story of the barking dog when I am speaking of the attitude of the professions towards this so-called compulsory health insurance (State medicine, socialized medicine, call it whatever you may wish—a rose smells as sweet and as good regardless of what you call it. I think this bill, regardless of what you call it, stinks).

As I say, our attitude in the past reminds me of the barking dog sitting alongside the road with his snout up in the air, letting out one howl after another. Some men came along in a wagon and one of the men said to another, "What is the matter with that dog?" The second man said, "Well, he is sitting on a cockle burr and he would rather howl than move."

That, gentlemen, I think has been the attitude, to some extent—let me say to a great extent—of the American Dental Association, of the American Medical Association.

In presenting this bill to the Congress, many charges were made. Various health services today are totally inadequate, we are told. The most unusual statement was made that 325,000 die a year in the United States because of inadequate health services. Frankly, I do not believe that statement. I might enlarge on that a little.

I attempted to ascertain where Mr. Ewing got that fantastic figure. I think he arrived at it by taking the death rate in the twelve best States of the Union, and on the basis that if the other 36 death rates had been as low as in the twelve best States, then this 325,000 people would not have died.

Of course, what the Federal Security Administrator fails to take into consideration is the fact that every time a youngster that used to be treated with opiates for appendicitis is now being successfully operated in something like 990 operations out of 1,000. Of course that child grows up to manhood and becomes a candidate for a cancer in later life or for a heart condition. Mr. Ewing must remember that people will die in larger numbers. For 20 years from now, we are going to have 175,000,000 people in the United States instead of 140,000,000, which we have now. Then, of course, the number of deaths is going to increase. His figures are fantastic and they are not true.

With reference to the inadequacy, I think every person in this assembly will agree with me that the medical, the dental, the nursing and the hospital needs of this country today are served by the largest, by the best trained physicians, nurses, and dentists in the best hospitals that we have ever had in the world at any time, and nobody can deny that statement. Yet, they say they are inadequate.

He speaks of the inadequacy of a number of physicians. Searching back through the testimony, I find that ten years ago we had one doctor to each 800 people in the United States. Today we have one doctor to each 760, and in 1960 we will have one doctor to each 700 persons, so the ratio is getting better all along the line.

In England, where they have socialized medicine, a doctor may take up to 4,000 patients. In the congested areas, some of them are doing it and giving as much as two to four minutes to each patient. By 1960, we will in the U. S. have one doctor to each 700 people. In my estimation, that will be quite adequate.

Let us examine into this charge of inadequacy of the health program we have had, let's take a look at what has happened in the United States? Here is the situation under our *free*, our *independent*, our *competitive practice* of medicine and of dentistry:

Since 1900, the number of working days lost has decreased by 20 days a year. In other words, in 1900, workmen were losing 28 days each year

because of illness. Today they are losing eight days. In England, the figure is almost exactly twice that number.

What has happened to the life expectancy in the last 160 years of our national life? It has increased from 35 years to 67 years—65 for men and 70 for women. In the last seven years, the life expectancy of the people living in the United States has increased one and one-half years.

What about our death rate? The death rate in the United States is the lowest of all the world, 10.6, if I remember correctly. It is something like 12 per thousand in England and it is 15.7 in France. In both countries they have socialized medicine.

I have been out of the profession for several years, but it would be a waste of your time and mine for me to reiterate even briefly what has been accomplished in the last few years with the new wonder drugs, with the sulfa drugs and penicillin and the rapid V. D. treatment, etc. That is a result of the accomplishments of the American system of health service.

What about our hospitals? Go back to 1931—then, the hospitals accommodated 7,000,000 patients. Last year, 16,000,000 people availed themselves of hospitalization in the United States. We have the best hospitals. We have the best technicians and best trained personnel in the hospitals. We have the best laboratory facilities, without a question of doubt, of any nation in the world, yet they say that they are inadequate.

Now, I haven't contended that they are completely adequate, and I doubt if any of you would make that contention. The Government today, on a limited scale, is assisting through the public health service and through their hospital program, and I think I can say to you that Congress is in a frame of mind to practically double that assistance. Under our hospital program, \$75,000,000 was appropriated for the years '48 and '49 on the basis that political subdivisions, counties and cities, put up two-thirds and the Government one-third. All of that \$75,000,000 has been taken advantage of. Double that and within a few years, we will catch up with this hospital problem.

I say to you that this compulsory health insurance bill with all its platitudes in the beginning of it is not the method to accomplish these ends. We need more dental schools. I was very happy to hear that you are making an effort to have a dental school in the State of North Carolina. Twenty-five of our States don't have any dental schools. Out in my country, the Rocky Mountain area, from the Canadian border to the Mexican boundary, we have no dental schools. Ten States, and no dental school, and we need one very, very badly. We are making arrangements and plans to establish two regional schools supported by these ten States. I cannot expect any other State to educate a Wyoming boy when it costs \$2500 a year to put a boy through a dental school, and, as a result, boys out in my State are not able to take medicine or dentistry.

I think one of the most trying problems that I had as Governor was when the boys would come and say to me, "Can't you help us get into a medical school or a dental school?" They had finished their high school,

gone into the Army for four or five years, taken a premedical or predental education, and had no place to go. I have seen men 25, 26, 27 years old walk out of my office with tears in their eyes because their life's ambition was thwarted—they cannot go ahead and get this education in medicine and in dentistry.

The year I finished school, we had 3,010; last year there were 1,615. When I was in school, we had 48 dental colleges; today we have 40. Yet, we have, as of today, 142,000,000 people, while in 1917 we had only 120,000,000 people. In those days, the people didn't have the money they have now to utilize our services; there wasn't the demand.

I say to you that the A.D.A. has an obligation (and if we don't do it it might not be done) to bring pressure on your local Legislature to see that they make ample appropriations to build a dental school here in North Carolina. You ought to have it. There is only one way to get it, and that is by pressure.

The other day I had a long distance telephone call from an attorney friend of mine in Wyoming. He said, "Doctor, won't you help my boy get into Georgetown?" I phoned Father O'Malley. He said, "We'd like to help you, but we can only take 125 students, and we had 3,600 applications." My dental school can take 70 freshmen—they have 700 applications.

This is what we have been going through for the last six years. I think it will be corrected, but it is our obligation, ladies and gentlemen—nobody else is going to do it for us.

Talking with you fellow dentists, I think I can be very frank and say, to you that in the minds of too many people is the thinking that we are a closed shop. I have had them say to me, "You have got the strongest union in the United States." Something must be done to get that thinking out of people's mind, and if we can show an increased enrollment for the next few years, perhaps increasing 10 or 15 per cent in the number of dentists, the number of boys taking dentistry, I think they can overcome that feeling among our laymen that we in any way limit the number of Dentists.

I wonder how many realize that if this compulsory insurance becomes the law of the land that every dentist, every physician and every nurse must become another employee of the Government. Make no mistake about that—that is bound to happen. You will get your checks from the Federal Government, and he who pays the fiddler is going to call the tune, in the spending of public funds you will expect to check, to audit, to direct, you would expect the Government to set up standards, and that is exactly what will happen should this bill come to pass.

I think it was a revolutionary orator, Patrick Henry, who said, among other things, "He had no light to guide his feet, excepting the lamp of experience," and our lamp of experience, our latest example, is England. Most surely, physicians, dentists and the nurses in England have become Federal employees in every sense of the word. For the first few months of their compulsory health insurance, Mr. Brown, who, at that time, was

minister of health in charge of the program in England, issued as many as eight directives a day to the physicians and dentists with reference to how they should conduct their practices. Here is a statement he made: "It was necessary to control the doctor in order to make the plan work."

That is exactly what will happen to us in this country.

What about the costs of this program? Let me say that if you have any idea what it is going to cost, just double it. I say to you (and Senator Taft the other day made the same statement in public) that it will cost between eight and ten billion dollars.

I don't know a better authority than the gentleman who was formerly actuary for the Social Security Board. Here is what he said in the *Christian Science Monitor* (and nobody can doubt that paper—it is the most accurate in the United States): "There could be a high of eighteen per cent" (that is 18 per cent of payroll). "There could be a plausible medium of 12½ per cent, a low, hardly to be expected of 7 per cent." Then, he goes on to say, "In addition to the Unemployment Compensation and Old Age and Survivors Insurance, there may actually be a payroll deduction of 36 per cent."

Ladies and gentlemen, let me ask you what man in any walk of life would be willing to have that much of a deduction made from his weekly or monthly pay? That will pay just about half of the expense. The other half will come out of the pockets of taxpayers in income and other taxes.

You know, we have a national debt of \$252,000,000,000 today. Don't try to imagine what that is because your imagination isn't sufficient to even think of what \$252,000,000,000 is. Perhaps I can break it down so we can understand it by saying that it is a debt of \$7,000 over the head of every family in the United States today. If you have any other obligations outstanding, add \$7,000 and you know how much you are in debt.

This program is being sold to the public because the public is thinking or being led to think that they are going to get something for nothing. It doesn't make any difference what the economic status may be—whether it is the low income, middle income group or the more wealthy—they think they are going to get something for nothing. I say to you that they will take advantage of this plan if it is offered to them.

We have voluntary plans, not sufficient, I admit, but with very little encouragement I think the voluntary plans could cover sufficient people that would answer the purpose, and make compulsory plans unnecessary. Sixty-one million of our people are covered by some plan—Blue Shield or the Blue Cross; nineteen million are veterans and covered by the Veterans Administration. In addition, men in the coal mines are covered; all the railroads have their own plan, and most of our large industrial companies have their own plans which are more or less quite adequate. Frankly, I don't see the need for this if we would all get together and push the sale of more voluntary plans.

What will happen to these plans, all of them, if we do get socialized medicine? They will be just simply wiped out. I see no way for them to be worked into the Federal plan.

Doesn't it seem strange to you that, in the making of the plan, in the writing of the bill, those who have the greatest interest were never consulted? I'll bet they did not say a word to Clyde, President of the American Dental Association, when they wrote dentistry into this bill, did they?

NATIONAL PRESIDENT MINGES: No, they did not.

SENATOR HUNT: They did not call in the President of the A.M.A.; they did not call in the Protestant Hospital Association or the Catholic Hospital Association or the American Hospital Association.

Ninety per cent of the physicians, 90 per cent of the dentists and hospitals are opposed to this plan, yet we were not consulted. But, if they were writing something for the labor unions, wouldn't they call in the labor men and get their views? Wouldn't they also call in the business men and get their views, and the farmers? But, in the writing of something that affects your life and mine, we were not consulted in the writing up of that bill.

I have something here which may be of interest to you, and I have several of them with me. I have taken the trouble to chart this bill, showing the chain of command, so to speak, and I think you will be interested in knowing this bill, having been written by laymen, is going to be administered by laymen. Make no mistake about that. The Secretary of the Federal Security Board is the directing head of this health setup.

Let me read you the duties (and they are over and above the Surgeon General or the Public Health Service). First, here is what the laymen will do in the Health Service: Direct and supervise the National Health Insurance Board in the provision of health service to eligible individuals. Another other duties, he makes an annual report to Congress. What type of report will he make if this should pass? You know what propaganda the Federal Bureau can turn out. He would give to the Congress a most favorable report on how this plan is operating.

Then, under him is set up the National Health Insurance Board. That is made up of five members. Three are appointed by the President, one of which may be a doctor. The Surgeon General is a member, and the Federal Security Administrator. In other words, we have a five-member board with two physicians and no dentists.

What are the functions and duties of this Board? This is a lay board. They administer the program under the direction of the Federal Security Administrator. Secondly, they approve or disapprove State plans. That is where these boards and bureaus tie up all of the States. They say, "Do as we tell you to do or no funds."

Ladies and gentlemen, I have been on the receiving end of these Federal Boards and commissions for 14 years in State government, and I

know exactly whereof I speak. This will be run in its entirety by a board from Washington.

Then, they will also make studies and surveys, especially in rural areas. This is a lay board. They set standards of special skills and experience for special and auxiliary services. Later on under it, the technique of the surgeon is going to be outlined, and you are going to be told what type of filling, what type of a denture to make and you are going to be told how to run your office in great detail if this bill is passed.

They are setting out eight duties. I will not read them all. The last one is, "Make regulations for hearing complaints by impartial tribunals." Then, this Board has an Advisory Board. It is called the National Advisory Medical Policy Council. That sounds better—it sounds like we are really being taken into the plan. However, again, the Federal Security Administrator, a laymen, is Chairman of this Advisory Board. The Governor appoints eight to the Advisory Board and those eight that he appoints represent those eligible for services. In other words, the Farm Bureau would be represented; maybe the Parent-Teachers Association, possibly a Service Club, and the labor unions. Eight members would come from groups of that type. In addition to that, there are six medical or other professional people appointed. I think it would work out. That we would have perhaps two physicians. If the physicians feel generous, we would have probably a dentist and maybe a nurse. But, there again, on the Advisory Board, those of us who are, I think directly accountable for the health of the nation, are in the minority.

I am not going to bore you by going through the details of the bill. You are going to have a local board just the same as the national board, predominantly numbering among its membership people who are unskilled and unqualified to direct a national health program.

I have taken just about all the time I should take. You have been mighty kind to listen as you have, but I do want to say what I think should be the most compelling reason why we should never have compulsory health insurance in these United States.

It is simply this: You cannot have compulsory health insurance, socialized medicine and good doctoring at the same time. They are absolutely incompatible. (Applause.) We would be overrun by bureaucracy. For each one hundred patients, it would be necessary for bookkeeping purposes to add one new Federal employee. One hundred and forty-two million people, a million and a quarter new employees on the payroll. We already have two and a quarter, outside of the Legislative and Judicial branches—we will have a total of something like three and a half million people on our payroll.

One other point—it would utterly and totally destroy that most intimate relationship, that faith, that reliance, that belief of the patient in the doctor. At bedside in the sick room and in the operating room at the hospital. In between that patient and his doctor would come the bureaucrat. We would destroy that fine, close relationship. I don't care how sin-

cere I may be as a dentist, or you as a doctor, you cannot do the type of work under a contract you do in competitive free individual practice and relationship between yourself and the patient.

Our offices would be filled with neurotics and with psychopaths. They would say, "This is not costing me and I am going up to see the doctor."

In England, they are discontinuing medication by intravenous method or intramuscular intervenously or inunction because it takes time.

I read a true incident of a doctor in England who had forty patients in his waiting room. He said, "Those of you who have a headache this morning, will you stand up?" Six or eight stood up and he handed them a prescription. That was the diagnosis and the treatment of those patients. I tell you they can't do their best work when they have only as much as four and five minutes for each of their patients.

What are we going to do about it? Perhaps this is a little radical. If I were still president of my State Society, I think this is what I would say to it. I am sure in my State there will be practically 100 per cent who will be opposed to this. If you have those among you who favor it, with exceptions, let me tell you who they are—the physician and the dentist who, for some reason, lack the personality or personal habits, because of the type of office he maintains, lack of capacity, those physicians and dentists who are not making good today, with exceptions, are going to be the ones who are going to fall for this. Make no mistake about that.

If I were still president, here is what I would say: "Boys, let's pass a resolution today let's make the last paragraph of that resolution say in very strong terms, 'We are opposed to compulsory health insurance, and with its reference to dentistry, we, the individual members of the Wyoming State Dental Society will not participate'."

And, ladies and gentlemen (excuse the expression) if we have the guts, we can beat it. We are in a better position not to be taken. The English physicians and dentists were more or less hard up and they needed to go into this. You know they had panel dentistry and medicine, and it was easy for them to slide over.

I am not making this suggestion to your State Society, but I don't know of any better place to oppose socialized medicine. I know of no better place to start than in our North Carolina, where lives the president of the American Dental Association and to say by a resolution in such emphatic terms as it cannot be misunderstood, that the men practicing dentistry in the State of North Carolina will not go along.

Your Association has been most kind. I enjoyed every minute that I have been down here.

PRESIDENT SANDERS: We thank you for your appearance here this morning, Senator Hunt. We appreciate your official and authoritative information regarding the problems confronting American dentistry.

To bring you up to date, Senator, we do have provision for a dental school over at Chapel Hill. That is already assured through Legislative

enactment and a million and a half dollar appropriation.

SENATOR HUNT: I should like to say to you, Dr. Sanders, that your two United States Senators are seated very close to me in the Senate. Your very wonderful former Governor is ahead of me to my right. Let me say he is running true on this problem. Your other new United States Senator Graham, is the second seat to my left. Because of his illness I have not as yet gotten to know him real well, but I like him very much. With reference to his position on this matter, I do not know. I haven't asked him, of course. It isn't the business of one Senator to ask another how he feels about this, that, or the other, but I think a very great deal of the two fine men that you have in the United States Senate.

PRESIDENT SANDERS: Senator, we assure you that you are in good company, and so are they.

Please know also that a resolution is being drawn and will be presented to our House of Delegates in opposition to federalized or socialized dentistry or compulsory health insurance, whatever you choose to call it. That will be acted on during this meeting.

We have been greatly honored by your presence and hope you enjoy your stay here in North Carolina.

I now recognize our Secretary, Dr. Hunt.

SECRETARY HUNT: By way of apology to Senator Hunt and as information to this audience, I would like to explain that Senator and Dr. Hunt's name does not appear on the program. The reason for that is that the program closed about the 10th of February and we were not fortunate enough to know and learn about Dr. Hunt until the postgraduate meeting in Washington.

I want to assure you that we appreciate your being here. We realize how busy you are and you are taking time away from full activity in your work in Washington, and we deeply appreciate your being with us.

PRESIDENT SANDERS: Ladies and gentlemen, we welcome this morning one of organized dentistry's most brilliant and well known officials. I take pleasure in recognizing Walter McFall who will present this distinguished guest.

DR. WALTER McFALL: Mr. President, ladies and gentlemen of our Association: I am sure that you feel with me that you are just a wee bit proud of dentistry after hearing United States Senator Lester D. Hunt from Wyoming. I never have been more assured in my life that I want my baby to be a dentist than this minute.

I have a double reason for saying that. Beside the fine method that this splendid representative of our profession has brought to us, we have a man who is a student, a man who is a former teacher, and a most capable business executive in any professional group in the world, a man whose heartbeat has always been for the best interests of dentistry, your

friend and my friend, and one of those men you can get to when you want to get to and who, you will always find, not only knows about what you are going to talk to him before you start talking, but who will help with the happy solution that will be satisfactory to you, to your component society and American dentistry and to all the things that make American dentistry—Dr. Harold Hillenbrand, General Secretary of the American Dental Association from Chicago.

DR. HAROLD HILLENBRAND: Mr. Chairman, my boss, President of the American Dental Association, members and guests of the North Carolina State Dental Association, ladies and gentlemen:

I have been intrigued for the past half hour listening to Senator Hunt's masterful and very thought-provoking analysis of the Wagner-Murray-Dingell Bill, and of the problems associated in connection with the socialization of the medical and dental professions in this country. I think he has given you more to think about in that short half hour than can be gained from many, many hours of reading. I ask your thoughtful attention to the very grave problems which he pointed out to you.

I have no intention of rehearsing the story Dr. Hunt gave you, but I do think I might possibly point out to you one or two associated problems, particularly in connection with the organization of which all of you dentists are members, the American Dental Association.

I would like to point out one danger first. Briefly, this is something that cannot be solved hastily by the defeat of a single piece of legislation. This problem that Senator Hunt very aptly presented began as far back as 1939 and perhaps as far back as 1935 with the enactment of the original Social Security Act. The problem thereafter has been continuing and growing in intensity for at least 14 years. In that interval, through my personal knowledge, the American Dental Association has followed it with close attention. The American Dental Association has appeared before many Congressional committees, telling the story that you have outlined for American dentistry through the House of Delegates.

It is a mistake, therefore, to think in the coming months, with the single defeat of one bill, that this problem of socialization will be licked and that we can go back once more to a placid and routine way of life that all of us knew in the past.

Let's take a look at some of the conjugating problems in the factors that surround socialization.

This so-called Wagner-Murray-Dingell Bill only a week or ten days ago became a bill by somebody else, S-1679. That bill was somewhat of a radical departure from previous bills, but it keys the basic core of compulsory health insurance. It does, however, surround the core of compulsory health insurance with many other legislative items which might prove attractive to various groups. Surrounding this core of compulsory health insurance, for example, are additional funds for medical and dental education, additional funds for research in disease where such research is needed badly, additional funds for the construction of hospitals, and

there you have some of the attractive tidbits being held out to the American public and they are asked to buy if only they will take with it the core of compulsory health insurance which certain agencies of the Federal Government have been trying to sell to the professions and to the country for the past 15 years.

I think one point can be made very effectively here. In the past ten years, ever since the first introduction of the first Wagner Bill in 1939 by a certain small group in Washington, there has been no definite effort in improving the health of this country—there has been only the wish to sell the single, solitary social system of compulsory health insurance.

It is time that the professions, and more important, the public, had a look at this group which is committed to a solution which has not worked in the other countries of the world where it has been tried. But let us not make a mistake of focusing all of our attention upon a single bill, because I think there are many other more complicated factors.

There is presently a bill pending in Congress which would create a new cabinet post with the Federal Security Administrator as its acting head. The Federal Security Administrator, as Senator Hunt has said, is Mr. Ewing, the layman who designed the ten years health program for the United States, the layman who bends medical and dental statistics to his own program and to his own satisfaction, the layman who hopes ultimately to control medical and dental service in this country.

That bill proposes that the health, security, and educational programs of the Federal Government be united in one Cabinet post of which Mr. Ewing hopes to be the head.

It is my personal feeling that that bill has an equal amount of danger along with the Thomas Bill. I have a suspicion that an effort will be made not to pass the Thomas Bill this session, but to enact the Department of Health, Welfare and Security.

Therefore, I think the professions must learn that this is not a single bill, an isolated bill, that composes the so-called problem of socialized dentistry, but that it has many facets. As Senator Hunt indicated, the profession must satisfactorily inform themselves and, perhaps more important, let the people know.

If you think the problem is not yet complicated by the Thomas Bill, by the new Wagner-Murray-Dingell Bill, by the creation of the Department of Health, Security and Education, look to the various measures which extend the Social Security Act. An extension at the present time proposes to cover the self-employed members of the dental profession. There will be decisions to be made here whether or not the professions should ask for the protection of the Social Security Act.

There are many bills before Congress which now provide aid to the sick or aid to the States for the development of their own local health programs. There is the Taft bill which involves grant-in-aid; there is another bill, another National health program, so-called, and then we came to a

very important new piece of legislation, Federal aid to medical and dental education. Under this bill, which has been incorporated into the new Thomas, S-1679, certain sums of money will be made available to each individual for his keep during the school year, and he will be paid a certain sum for his tuition. The dental school or medical school itself will receive a sum for each student it has and will receive a greatly increased sum for every student that it has above its present quota.

Senator Hunt indicated that there are only 1,600 dental graduates this year. That happens to be true. It is due directly to the short-sighted policy of the military during the war years and their refusal to defer medical and dental students, and now we see the present result which is a diminishing number of dentists going out. Next year we hope to go beyond the 3,100 figure and that figure I think will be maintained in the predictable future.

Therefore, there are some difficult decisions to be made in regard to medical education. As was pointed out if there is anyone who thinks you can continue to accept funds from a variety of agencies without yielding some measure of control, he is mistaken, and if the measure of control in education passes to agencies of the Government, then I see a very deep opening wedge into the so-called problem of socializing the professions in this country. For those of you who are interested in this problem you can find out what has been sketched out for you in the next ten years in the new book, "Ten Years' Health," available at the Government Printing Office. It tells you what he intends to do to the professions. It tells you very bluntly that the time has come when the professions must yield to lay control.

In the bill, he tells you that specialists and dentists will not be determined by an accrediting board, but by State government, that specialists in dentistry will be determined by a board composed of laymen.

I think all of us should eventually see the chart Senator Hunt has prepared on the administrative methods made possible under the Thomas Bill, because as I said, the bill I think is intellectually dishonest in that it proposes completely unsound and incompatible methods of administration.

To complicate it still more, particularly in California and New York, they are beginning to see the introduction of compulsory health insurance at the State level. It does no good to defeat a Federal proposal which gives us compulsory health insurance if State by State, we adopt compulsory insurance at the State level.

If the problem isn't complicated enough, if you think there is an easy solution to the so-called problem of socialized dentistry, let me talk for just a minute about a problem which comes to the heart of every dentist, into the heart of dental practice, a problem in which dentists themselves must provide the solution.

In 1947, in this country, we trained 7,600 dental technicians. We trained one technician in that year for every student in all of the dental schools of the country. It has been estimated that each year the entire

dental laboratory industry of the United States can absorb 426 new technicians, and in 1947 we trained 7,600 dentists.

Perhaps if we look at their income, we see part of the problem. In 1920, the income of all the laboratories in the United States was \$15,000,000. By 1930 it was tripled; by 1940 it was \$115,000,000, and by 1946, the laboratories of the country were earning \$125,000,000 a year. Why is that important? That is important because \$125,000,000 a year represents 25 per cent of the total dental income in an average prewar year.

Say that another way. One-quarter of the entire income of the entire profession passes through the hands of laboratories and laboratory technicians. I am not here to tell you whether that is good, bad, or indifferent. I am here to tell you it is an important problem and ties up directly in the socialization of the professions in this country.

Look to this where we have two-level dental practice, so-called—first the dentist and then the technician. By the ruthless multiplication of ill-trained personnel, by the production of improperly qualified personnel, we are setting for ourselves a tremendous problem if there should be some change in the economic cycle of this country.

Therefore, one of the problems of the dental profession that the dentists themselves have to solve at the state and local level and which is connected intimately with this problem of socialization is the improvement of relations, in the solidification of the relations, between the laboratory group and between the dental profession.

There are, then, no easy approaches to this problem of socialized medicine and dentistry; there can be no concentration on a single bill. There can be no hope that a small change in the political atmosphere in this country will make the problem disappear. As I stated at the outset, this is a long-range, continuing, terribly complex, categorically integrated problem which requires the best thought in the profession and it can't be beat merely by letting somebody else do the job. Every man who calls himself a dentist and every man who believes in all of the high sounding things he said when he graduated from school—that he was devoting his life to the service of the profession—must have an interest, a deep abiding interest, in the solution of this problem of socialized medicine and dentistry in this country.

We have heard some talk frequently about what is organized dentistry, what is the American Dental Association doing about this problem? Why doesn't the American Dental Association print a pamphlet? Sometimes I object to that talk for the simple reason that the people of 22 East Superior Street in Chicago are only your employees—they represent you. Our policies are your policies, and the policies are only as good as you make them in the House of Delegates. The policies carried out are the policies that you men and you women who compose the dental profession have given us in the House of Delegates. If they are not good policies, if they are not aggressive, it is your problem to change and the avenue is open for you.

You know, organized dentistry is not the small group of people working at 22 East Superior Street—organized dentistry is socially useful; it is the people working in the National Institute of Health in Washington; it is the technician in our dental schools; it is the man at the drug store in Miami and Arizona, in Florida and Oregon; it is the dental student who is coming into the profession; the hygienist; the assistant; the technician; the orthodontist; the variety of specialists, and all those who combine to do one thing and one thing only: to render improved dental health care to the American people.

Organized dentistry, therefore, is composed of men and women who, if they think hard enough, can work their way to a satisfactory solution of a problem.

One of the roles of the American Dental Association is to provide you with aids not so that we give you the solution, but so you can hammer out the solutions in conferences such as this in your State Dental Societies, and make dentists articulate. When dentistry is articulate throughout the country then we shall swing our social weight in the halls of Congress. If you don't think unity is essential at a time like this, look at what happened in Great Britain. One of the great and serious problems they have over there is the lack of interest. There are three national dental societies, all of which attempted to bargain with Government and the result is that only the dental profession in Great Britain was not able to receive an assurance from Government that it would not be put on the Government payroll exclusively. Medicine received that assurance from Government.

Dentistry, however, now labors under the difficulty that it is the avowed intention of Government to put every dentist under hire ultimately in Great Britain.

You can talk all you want about incomes of 14,000 pounds a year. How long is that going to last under a salaried service? That condition was brought about solely by the fact that the dental profession in Great Britain was not unified. An effort is being made to unify the profession now, but it seems to me that the date should have been a long time ago.

I should like to emphasize also, from my personal experience for at least ten years, that never, since the Wagner bill was introduced in 1939, has any agency of Government ever officially approached the American Dental Association and asked its aid in the design of the Wagner-Murray-Dingell bill. I say to you that that attitude is stupid and that attitude is dangerous. It is stupid because no group, even a governmental group, can afford to ignore the large body of training and experience and sound knowledge in the professions of this country. It is dangerous because it places a very essential health service in this country under the control of untutored and unknowledgable laymen.

The American Dental Association is composed of men and women working in all types of activity in order to produce better health. The American Dental Association enlists seven-eighths of the dentists in the country to help you do your job better. It maintains the Council on Dental

Education. Many of you ask, why should you contribute any sum of money to the maintenance of a Council on Dental Education. You should contribute your small minimum of money for the reason that Senator Hunt pointed out—that it is the dental profession's job to assume leadership in providing additional dental school facilities in this country.

That is one of the reasons some of your money is being used to maintain a Council on Dental Education. To be sure, the sum isn't very great, to be sure A.D.A. has a fundamental program involving millions and millions of dollars. The reason is plain—the reason must be plain when I tell you that the man who fires the furnaces in the Central Office of the American Dental Association pays eight times the annual dues to his organization than I do as a dentist to the American Dental Association.

What are dues in the American Dental Association? Up until this year, six bucks. In my State, that wouldn't buy a bottle of Old Crow. Now they are \$12. That means a subscription to Time and Life Magazines, three bad white shirts; it means two meals; it means a dinner somewhere with not quite enough left over for the tip; it means an insignificant thing in the professional man's life, and, for the life of me, as a dentist myself, I can't see how the small sum of dues which dentists pay can possibly constitute an economic burden to the practice of any dentist who is doing at all reasonably well.

Out of that small sum, men like Dr. Minges, the Presidents of the American Dental Association (and there have been a long line of them) do great things for the dental profession in this country. They have worked on this problem long before many of us, I am sure, were conscious of it. They have had the enterprise and initiative to develop facilities that will be of great usefulness to us in attempting to combat socialization.

For example, why are you contributing some of your dues to your American Dental Association for the very technical Bureau of Economic Research and Statistics? Most of you would say you can't possibly have an interest in that particular agency. Let's look at that a little bit. In Great Britain, when they wanted to have a basis on which to base dental fees, because there were three dental societies and no figures, and there was no agency to which Government could turn for that information. A committee was appointed, headed by a layman, to finally publish the expenses and that was the basis upon which the fee structure of the present compulsory health insurance system in England was arranged.

That is one of the reasons why the American Dental Association maintains now a Bureau of Economic Research and Statistics, so if the time should ever come that such information is requested, national, state, or local, we will know exactly what we are talking about. That agency will make studies in regard to income, in regard to dental practice—all of those things that we should know about dental practice in this country and which we now know.

The Association maintains many other agencies in which I am sure that all of you have a larger interest. The Association maintains a Council of Dental Health to which you contribute somewhere in the vicinity of

\$35,000 a year. The sole duty of this Council is to work towards a program for the improvement of dental health within the mechanisms established by your House of Delegates.

Most of you are familiar with the workshops that the Council on Dental Health has initiated in the country. In those workshops dentists have a look at your own problems. They don't have speakers from the outside or experts from the outside. There is sufficient talent in any community so that you can analyze what your health problem is, particularly in dentistry and set up proper mechanisms in motion to meet it. One of the most complete is this one for your dental school by John O'Rourke. I wish the 47 other States had one like it. That study will be one of the landmarks in dental education and survey of state facilities. You dentists who initiated and sponsored it are to be congratulated upon the development of such a work as the O'Rourke study of education and dental facilities in the State of North Carolina.

If this is continued at the state levels it seems that the problem can be removed once and for all from the Federal level. But it can be removed permanently only from that level when we have solutions at the local and state levels, and as Dr. Hunt indicated, that is the American way.

One other agency to which you contribute a great deal of your dues is the *Journal* of the American Dental Association. Several months ago, a separate supplement was published. I wonder how many of you read the issue exhaustively? I wonder how many of you have taken the trouble to place it on a table so your patients could see it? How many of you initiated discussions with patients, because one of our basic problems in this whole matter is to let the people know.

The decisions will ultimately be made not by dentists in dental societies but by the people speaking through their representatives in Congress.

If there is one thing the dentists can do now, it is as Dr. Hunt indicated, to write to your Congressman—let him know. Perhaps it would be best at the moment to tell your patients to write so that it will reinforce your own opinion and saving your letters until a later date when the problem becomes more acute. Certainly, all of us as dentists can do very little less than asking our patients to write to the members of Congress—not stereotyped form letters, but telling them why you are against this type of social legislation.

Let no one fool you that ultimately this decision will be fought and won, I hope, by the raising of hands on the floor of Congress. That can be done only if the dental profession continues to view this as a continuing problem, not as a too easily solved crisis, not something to be licked by a couple of articles in the Readers Digest and the Saturday Evening Post, not something we are going to hear less about as the years go on. It is going to be a problem that will continue before us until Federal Government is convinced that health, basically, must be under the control of the health professions.

Unless this small group in Washington is convinced that the ultimate health of the people must be raised above their purely selfish social objectives, unless the American people know what the issues in this problem are, then there is a grave and continuing danger of socialization, and our job—my job through the American Dental Association, your job as members of this Dental Society—is always and continuously to let the people know.

Thank you. (Applause.)

PRESIDENT SANDERS: We are indeed grateful for your scholarly contribution here this morning, Dr. Hillenbrand. We also want to thank you for the fine job you are doing as General Secretary of the American Dental Association. As we listen to this fellow and watch him in action then we know why it was that Dale Carnegie went to him when he wanted advice and instruction on his latest book, "Personality" because Harold has it.

At this time I take great pleasure in recognizing Dr. J. Martin Fleming.

DR. J. MARTIN FLEMING: Mr. President, members: Dr. J. S. Betts, in recognition of 55 years of faithful service to the profession, and as a token of the esteem in which you are held by all of us, I have been instructed by the officers of the Society to present you this little gift and to say that with it goes the appreciation of every member of the North Carolina Dental Society.

May you live long and prosperously.

DR. J. S. BETTS: Mr. Chairman, members of the North Carolina Dental Society, friends and guests: I have been surprised in my life, but this renders me practically speechless.

I have been on the program on many occasions; I have said many things that have been accepted and, on occasion, have been cheered. I have tried my best to be faithful. I have served as President of the State Society and I have served on the Board of Dental Examiners 15 years and have hesitated to put myself forward.

I see faces here that I have known for many years, some of them I love very dearly. I appreciate the confidence that they have appeared to have in me. They have frequently put me forward where they needed someone to say something more or less appropriate. I deserve no credit. I have done the best I could for my love—my profession. Every now and again they ask me to lead a prayer. I am not much on that although my father was a minister.

I know we all owe to higher sources many of our successes.

I feel mighty humble when I have one of my best friends present to me something here as a token of the regard you fine people have for me. I am overcome almost to the point that I can't express myself, but my heart feels very grateful. Thank you. (Applause.)

PRESIDENT SANDERS: Dr. Betts, please allow me to assure you that this gift comes from the hearts of each and every man here this morning. We love you and we want you to know we love you. May you be spared many years of service and may you have health and happiness. (Applause.)

I will now recognize our Secretary, Dr. Hunt.

SECRETARY HUNT: I have here a telegram from the President of the Benson Kiwanis addressed to Dr. Sanders containing best wishes to the North Carolina Dental Society and congratulations on the part played toward the progress made for the dental college in North Carolina.

I have another from Harry Baer expressing his regrets at being unable to attend this meeting. Dr. Baer wrote me a few days ago that due to an unexpected emergency he will be unable to be with us. We are very sorry he couldn't be with us and if it is agreeable, I shall be glad to write Dr. Baer in answer to his telegram.

As most of you know, our immediate Past President, Dr. R. Rob Olive, had a so-called heart attack recently. He told me by phone about a week ago that he planned to come over for the Past Presidents' breakfast which is to be held tomorrow morning. I have here a letter in which he says that his physician has advised him not to come. He will not be able to be with us. I quote from part of his letter:

"This is the first meeting I have ever missed. Please express my regret to the body in session and let them know how much I love my friends in the dental profession."

All of you who know Bob know he really means that from the bottom of his heart.

Dr. F. L. Hunt, former resident of this State, is now living in Charleston, South Carolina, and in case some of you gentlemen would like to know his address, it is "Dr. F. L. Hunt, 4 Lambol, Charleston 2, South Carolina."

Dr. Hunt's health has not been good for the past few months. He wrote me that it might be necessary to undergo an operation and expressed his regrets at not being able to attend this meeting at this time. I shall also be glad to communicate with him.

Dr. H. P. Ivey of Goldsboro, who was supposed to represent the Medical Society of the State of North Carolina here today, wrote he was ill and would be unable to attend.

PRESIDENT SANDERS: I thank you, Dr. Hunt. You will all agree I am sure that our Secretary should wire each of these men. Please advise our Secretary if you know of others who are absent because of illness, and he will be delighted to send them a wire or a letter expressing regret at their inability to be here.

I want to make this observation: I have been up here (this is my fifth year) to watch this crowd and this is one of the most delightful crowds

that I have seen in five years that I have been in front of you men and women. From the very beginning of our program this morning you have been here with us and it is one of the largest groups that I ever remember seeing in attendance at a General Session. We do value your attention and appreciate your presence. Please know that I am deeply grateful.

That completes our business for the morning. We stand adjourned until 2 o'clock promptly.

(The meeting recessed at 12:10 o'clock.)

AFTERNOON SESSION

ESSAY PROGRAM

Thursday Afternoon Session

The Thursday afternoon session of the Essay Program was called to order by President C. W. Sanders at 2 o'clock p. m. in the Grand Ballroom of the Carolina Hotel.

PRESIDENT SANDERS: The afternoon session will please come to order.

Dr. T. E. Sikes, Greensboro, will introduce the essayist for this period.

DR. SIKES: Mr. Chairman, members of the North Carolina Dental Society, guests and clinicians, ladies and gentlemen:

To introduce an individual whom you have known for many years is quite a task. There isn't one thing I can say that is not known by every individual here. Tom Conner's name is known around the globe. He is to be commended for the outstanding work in his chosen profession and the great work that he has done. He is worthy of every honor that has been bestowed upon him.

Tom's career has been an active service for the betterment of dentistry unselfishly given. It is my happy and distinct privilege to present to you the essayist, Tom Conner of Atlanta.

DR. THOMAS M. CONNER: Dr. Sikes, Mr. Chairman, members of the North Carolina Dental Society and guests:

I am very reluctant to appear before you this afternoon after hearing the program that you had this morning. I have traveled far and wide to hear programs that were not nearly as good. I am quite sure you agree with me that our essayists this morning were outstanding in their respective fields and gave us a message that we shall long remember. We are indeed fortunate to have had Senator Hunt, of course, and Clyde Minges and Dr. Hillenbrand on this program. It seems to me that you have really done an outstanding job here not only in your morning program with your essayists and guests, but I want to compliment you on the message that you have had the privilege to listen to from your President.

I have known Sandy since he was a student and the longer I know him the more respect I have for him.

It is like coming back home to be on your program. It seems to be just a big family and I am glad to be part of it.

I also want to take this occasion to congratulate you on your progress in your dental education program. I think it is fine that you are getting a dental school in North Carolina, and I want you to know that you will have the wholehearted cooperation of the men of Atlanta. There is a lot of room for dental education, and I know that you are going to do an outstanding work in this field.

It seems to me that perhaps in this program of compulsory health insurance, or socialization, or whatever you choose to call it, we may be making one mistake in not emphasizing the fact that the patients, the public, is not going to receive the high type of dental services under that program that it did before they had it, if it is ever developed. Let's not lose sight of the fact that we are here to serve that public and we will help ourselves by serving them better. Let's put this public first and foremost in all of our intentions.

GRIEF IN EXODONTIA

I have nothing new in the field of Exodontia or oral surgery. The grief runs just about the same as it did when I was here before, and I have a lot of it. If it were not for the grief that I have had in exodontia I am sure I wouldn't have a single gray hair. You can attribute every gray hair to some grief I have had with an unsatisfied patient, so I speak from experience.

(Slide No. 1.)

Let's not lose sight of the fact that there is real opportunity for the people to save their teeth. There are no teeth that we can manufacture or make or design that are as good as the natural set of dentition.

Here is a picture that you may have seen. I have a number of those, similar to this, where the patient develops an abscess in the palate or on the mandible that does not arise from the tooth. The teeth are vital and you treat that as you would a bone infection in any other field, and, in many cases, we will save these teeth.

This picture was made about eight years after this abscess. Those abscesses occasionally result in the destruction of the symphysis. We don't know just why we get them but we do know that we have them. Regardless of how good we think we are on removable bridges or on the fixed bridges, it is less trying with the natural teeth.

(Slide No. 2.)

I think we are making a mistake in not using our X-ray machine. I think you are also making a mistake by not doing a great many more of

these external studies. They are easier to make than some of the other methods and give you detail that is adequate for most diagnoses.

You see here an abscess on the bicuspid and a first molar, and even on this bicuspid (indicating), and you see the third molar that is causing acute infection and the reason for the patient being in the office. I don't like to see this acute infection around the third molar attempted to be relieved by extraction.

I would like to speak for just a minute on this infection. I think that you have a number of things to consider here. In many cases, you will have an upper third molar that traumatizes the whole tissue over that area and it is my practice to remove a third molar just as soon as we can get to it. I prefer general anesthesia for this is one instance where we have acute infection. Under low pressure irrigation, I prefer a hand syringe; I like to irrigate this with hot water, and I don't think anything you put in the water helps a whole lot. You might put something in that is a cleansing agent, but I think heat is the thing that really does it good. I like to clean under the flap, get any foreign body or debris from under the flaps; then take a small wisp of cotton in a roll saturated in anything of your choice and push it under that flap.

You change the environment of this area and most of them will show rapid progress under that treatment.

If the infection is in the deep tissues, we prescribe penicillin or sulfonamides. We will get to that later on tomorrow in the symposium.

I don't give these cases the systemic treatment one out of ten times, because I think we are overdoing this general treatment. I think some of these days you are going to have a patient that is really going to need one of the sulfonamides and penicillin, and you only have a certain amount of immunity, or resistance, built up to that, and it will not do them any good.

(Slide No. 3.) If and when we have this letdown that you hear so much about, you are going to have a lot of malpractices just like we did in the early 30s, and you must have records on these cases for your own protection. Also you may review those records from time to time and perhaps change your procedure because you know certain things did or did not help the patient.

This is an upper molar, upper third molar that is inverted.

You have to be honest with yourselves if your records mean anything.

This was one of our own students in 1919 at the Southern Dental College at Atlanta. I assumed this case and asked him to remove this root under local anesthesia. After he had made his injections, he had a very satisfactory result with anesthesia and he was going along on this thing making no progress. I was rather disgusted with him because he couldn't remove a third molar. So, we took forceps and forced the issue and this tooth came out, an upside down third molar.

I said, "My gosh, I wish I had an X-ray. I never saw one upside down before." Most of my instructions and information and knowledge come from students — he says, "Why don't you put it back in the socket?" So there you are — this is your record.

(Slide No. 4.) Here is a case of which we didn't have a record. This case was a boy about 12 or 13. He went in to the office of the dentist who was practicing in a small town. He had a slight swelling, and his mother sent him up to have his tooth removed.

He went in and the dentist looked at him and saw a small filling and no inflammation. He knew he was a charity case, but charity cases can get you in just as much trouble as pay cases.

If you want to do the right thing by everybody you work on, don't take a patient unless you feel you can give him the services you would like for your own family to have.

He made this picture and this cementoma, of course, is plainly visible.

This is the lower part of the mandible. The reason we didn't use 5 by 7 is because this cementoma didn't show up very well on the external plate. If he had attempted removal of that tooth as he would an ordinary molar, he would have fractured the mandible, so let's have the record, let's know whenever possible what we are getting into. Diagnosis and the record will certainly prevent a lot of grief.

(Slide No. 5.) This is a case we continue to get. We will have a patient for the removal of a third molar to cure an acute pain. We have rather a single-track mind sometimes. We will see this tooth here when it ought to come out. Remember, this uninterrupted third molar never causes a pain that will be controlled or aggravated by thermal shock when the patient takes hot or cold substances. When you get a reaction, quieting down or increasing of the pain, remember it doesn't come from the unerupted tooth.

(Slide No. 6.) This X-ray work, I don't believe, is receiving attention that it did a few years ago, and we are getting a little lax on some of the finer details in making diagnoses.

Here is a case, and the book I believe gives you more detail on third molar positions. This is the third molar by the late Dr. Winters. This first molar, as you see, has a normal enamel here and here (indicating), so do these, a normal pulp chamber, normal roots, apparently. Here you have an abnormal enamel and a portion of abnormal pulp chamber and you can see only one root. When you see this difference between the second and third molars, try making another study, or be a little more careful in your technique, because you can't make a diagnosis on that tooth. You don't know whether that is one root or two roots.

We assume, in this case, that this is a rotated tooth, this is a mesial root, and this a root. You can't make a buccal application very satisfactorily as you would in bifurcation of this second molar or first molar, and you lack movement when your forceps are not very satisfactory. I'd

get a little information if you can on the tooth that shows those differences.

(Slide No. 6.) Instruments must be sharp. These points, if they are to be any good, must be kept sharp. On any chisel that you are using — I don't care what instrument that is driving the chisel, whether impactor mallet or drill — it must be sharp.

In my office we probably have seventy-five or a hundred of these rights and lefts large chisels. Quite a number of the chisels are designed by Walter Barry, long handles, manufactured by S. S. White. It is our practice never to put those chisels back into the cabinet that we are going to take our instruments from to do this surgery until they have been re-sharpened.

When you take up a chisel and put it on a tooth and hit it with a mallet and it slips or skids, you just traumatize the tissue. You are wasting time. As soon as that chisel is dull, I mean loses its razor-like edge, put it aside and pick up another. These instruments must be sharp if you are going to do the kind of surgery I know you want to do.

You have got to be a missionary and impress the men in your district with the importance of sharpening those instruments.

(Slide No. 8.) This is a hyper-cementosis, lower first molar, that if we didn't have an X-ray of, we would be certain to get into trouble, at least I think we would.

In this kind of a case, we take a libeval drill. That is a drill about a millimeter and a half wide, and we sharpen it ourselves. Sharpen it on the carborundum disc. We make a series of drill holes beginning here (indicating) and make one about every millimeter down to this point (indicating), or a little lower and take this buccal plate out.

(Slide No. 9.) In this case you see where the section was removed, and that was enough resistance removed to enable us to deliver the tooth with forceps without sectioning. You can section that tooth, but after I make this dissection, it is my practice to test with a forcep before we do section. We must make an opening big enough to get that tooth through or cut the tooth in sections small enough to get it through.

(Slide No. 10). This postoperative X-ray will present a lot of grief. We have, as you see here, a second molar and first molar socket. This fragment of amalgam and fragment of bone you see here are not found in a good many cases until you have breaking down of blood clot and what we call a dry socket.

I was told recently by an intern in one of the eastern cities that he didn't know what a dry socket was. I was very much surprised, but it proved that it was a septic socket to him. This thing here (indicating) is the cause of it.

I like to use an aspirator on these cases. If I were selling anything in the world, it would be aspirators. I don't see how anybody can practice any type of surgery from a prophylaxis on up without an aspirator.

This is pretty tedious to remove. It is a little small and the bottom of the bicuspid pretty hard to section out, but with one of these aspirators, you get it and your results are so much more satisfactory.

We will talk about dry sockets in our questions and answers.

(Slide No. 11.) This is a little close-up of this perichronal infection. This cow horn explorer makes a fine instrument after that point is broken off, to thread this wisp of cotton from here over to this point (indicating). The chances are it will be out the next morning before you come back.

When this patient goes home he has instructions to use a glass of hot water as hot as he can tolerate every hour while he is awake. I think heat is the most satisfactory treatment that we can use there.

Do I inject that tissue with novocaine and penicillin? I do not. Bushing is very much opposed to injecting penicillin and novocaine.

You know, Jim Hope, my associate, and myself have had three cases in a few weeks that I think were just aggravated and developed a serious condition because of injecting these fluids in this infected area. Personally, I don't think it is worth a hoot. If you can irrigate and get rid of debris, change the environment, a large per cent is going to make a rapid recovery.

(Slide No. 12.) This is one that has been washed until you have an exposure here in the second molar of a periodontal lesion, too late to do very much for in the second molar, because we are going to leave the second molar until it gives trouble and we take it out.

That kind of dentistry isn't the kind you like to have in your own family, and we don't want to practice on patients that which isn't the type we want in our own family.

(Slide No. 13.) Many men in both professions attempt to cure everything with penicillin and sulfonamides. I hate to admit that we had an orthopedic surgeon in Atlanta that was treating this fracture (indicating) and he had been treating it for five weeks with penicillin. To me, that is just too much faith in a drug. The mandible had to be refractured to get occlusion.

(Slide No. 14.) This is a case that came in last week. The patient had a fracture, an abscessed tooth in line of fracture, and he was injecting this abscess with novocaine and penicillin and had been doing it for approximately two weeks.

Let's don't be sucked in by a salesman and allow him to sell you drugs. I am not an investigator and I don't know much about anything, but I do know some investigators. I think Dr. Beckhart is one of our outstanding men in that field, and I don't like to use a new drug or a new remedy or a new instrument until I have seen someone who has made a success of it. I don't like to make an experimental establishment out of my office on private patients.

(Slide No. 15.) Here is a case in which you see this fracture (indicating). This is a bicuspid, as you see, in an edentulous mouth.

You may have seen this one before. This operator, one of the outstanding ones in the country, did this. He used surgical gauze, narrow gauze and a thin wedge, and he gets this fracture.

(Slide No. 16.) This is a central incisor. I have had this for a number of years and I am showing it in order to show you the next slide. This patient lived in a suburban town, a very small town. The dentist saw this patient before this space had closed. The youngster was about 7.

This tooth was in position and the mother wanted to know where this one was. They watched it until the patient was past 12. The space closed, the supernumerary tooth still in position. They were people of the low income group, and it is awful to do orthodontic practice for that type of patient.

This thing was too late because it was in the hands of a watching dentist. Bear that in mind.

(Slide No. 17.) This is the next-door neighbor. The child had the prettiest set of teeth I have ever seen, but the mother wanted an X-ray. I said, "I am interested in why you would like to have this made. We don't usually do it on patients." She said, "My next door neighbor had a little boy whose mouth has been ruined because he had an extra tooth."

Believe it or not, I made the films, and this is what I found. He had two extra teeth. It is one in a million when you run into something like that.

(Slide No. 18.) Those teeth were removed, and I am convinced this child's permanent teeth will erupt without any trouble.

Here is another child that we watch. We have the second deciduous molar; this is the first, this is the sixth year (indicating). This tooth is on the same occlusal plane as this tooth, but, for some reason, it stops growing. The tissue stopped growing, and the dentist will watch it until it is completely submerged. It stays put and this grows and this grows (indicating). That is one of the most difficult extractions I have to do.

It is a lot of grief to have to operate with these permanent bicuspids, and this one very dense with no periodontal pattern around this tooth. You have effusion between the buccal plate and many times the entire bone with this tooth. When you see a deciduous tooth losing occlusal relations with adjoining teeth, maybe upper or lower, the minute that tooth gets down within a millimeter or two above the gums or below, let's take it out — let's not wait until it is completely covered.

(Slide No. 19.) A lot of people are giving general anesthesia in the office now more and more. I think it is fine if you have ample training, but the anesthetist at the hospital reminds me every now and then that I should caution the dentists to use cotton or something in the posterior part of the mouth to prevent foreign bodies from being aspirated or swallowed.

Here you have a tooth that was aspirated under general anesthesia. I never had that happen. I had a patient swallow one once when I was in the Army, but this thing here was aspirated because the patient was not adequately blocked.

Don't ever do an extraction under general anesthesia. In fact, with local anesthesia, I use a gauze posterior to the tooth.

(Slide No. 20.) This boy called me and said, "I am in trouble."

There is a guiding influence playing an awful big part in our successes and if we heed those signs and warnings, we wouldn't have quite so much grief.

This boy called me up, as I said, and told me he was in trouble. I said, "What's the matter?" He said, "I broke a needle in his mouth." I said, "Tell the patient about it." He said, "I can't do that." "Tell some member of the family." "I can't do that either." "Why?" "Well, he is a cousin of mine," he said.

He had broken this needle, grabbed hold of the third molar and broke it off. When one thing happens to you, when you get a complication, wait until tomorrow to try to correct it. Don't try to do it this afternoon if it is very serious. It is like writing a letter. You write a letter at 1 o'clock in the morning, the next morning you tear it up and throw it away. You change your point of view on these things when you look at them the next day.

The long and short of this thing was, after a long conversation, the patient went home and came back the next morning. The young dentist called me up and said, "I have got some good news for you." I asked him what it was but he said he couldn't tell me over the phone and that he would be coming up to see me.

He ran upstairs and said, "I got that needle." I said, "That's wonderful." I knew I'd have to get it, and I had spent most of the night trying to learn how.

Anyway, I said, "What happened?" He said, "Harry came in and said, 'I feel something rough back here.' I looked in and there was that needle sticking through. I reached back with a pair of pliers and pulled it out and threw it over Harry's head. I said to him, 'Harry, do you use toothpicks?' Harry said, 'Yes, I do, one after every meal.' So, I said, 'Don't ever use another.'"

We must give nature an opportunity to help us along with these things. We get very busy treating a patient, the same patient, over and over again, trying this, that and the other thing, without giving nature a break.

Dr. Noel said to me, "Do you ever get a patient who won't get well and the more you treat him the worse he gets?" I said, "Yes." "I am glad you have sense enough to admit it," he said. "Here is a real treatment for that." I said, "I would love to have it." "If you leave town

you will come back and find every one of your patients well after ten days or two weeks." (Laughter.)

(Slide No. 21.) This is a root of the upper first molar in the sinus. I just say this: Most of the teeth and roots that are pushed into the maxillary sinus are done because you haven't adequate light or your instrument is too big and too blunt. You have got to make an opening—when you have a root that possibly can be put in the antrum you must make that opening big enough that you can tease that root through the chamber by instrument rather than by taking a big instrument and try to force it between the tooth and the bone.

(Slide No. 22.) They never push into the sinus if you don't try to remove the tooth through the orifice of the cavity.

Make an incision mesially or distally and make an incision about an inch or an inch and a half long. Sometimes, with a short root we find a thin place in that external wall of the sinus. We make a small opening there high enough from the roots to avoid any interference with circulation or nerve supply distally or mesially according to the thickness of the bone. I make it where it will give me access to the field I want to operate. There is no fixed place.

In my practice, I find the best place and make the opening big enough where I can pass an aspirator and pick the root through and am careful to sew it up.

Refer to a rhinologist so he can keep the nasal cavity irrigated. I work with the M.D.s on these cases and I am not embarrassed to admit it. If some of you are trained to do rhinology work, go ahead, but I am not. ,

This picture here (indicating) is a root in the mandibular canal. You can't look at that X-ray and tell it is in the canal, but these is a sinus from here to here (indicating). Occasionally this will close, it will be there several years and possibly back up and create a little pressure here, and he will get paresthesia. It will blow up and the paresthesia will disappear.

This is frequently done. You will try to remove this tooth through this opening. You pass an instrument, you can feel it, or you can place an instrument down and make an X-ray and see it is down there, but when you pass from this point down this canal, even if you have enlarged and use this fulcrum, all you do is push the tooth distally or mesially.

On this case I used a bivalval drill and make an opening. I make it at about this point (indicating), and watch for my canal. If it is a bicuspid, the first thing is expose the nerve.

(Slide No. 23.) Here is a dentist that wasn't watching. This thing is a bridge, I think. Anyway, it was to replace teeth that were lost in an automobile wreck. No pre-operating X-rays made.

We have a root here (indicating). This was sent to me by a rhinologist. (I am a little freer to tell you about the other fellows' grief than

I am my own.) Anyway, this rhinologist had treated the patient. Pus drained from his nose. After he had anesthesia, you could see the root pressed down in this fold of his nose.

This isn't the kind of dentistry that makes the public want to help us. You can't have dentistry high in this point and low in that.

Let's do missionary work. When you have a man like that in the community, do give him a little information to make him do better.

(Slide No. 24.) This is an acute case sent to me. Some of you may have seen it. I have had a good many roots — I pushed some of them in myself and I have gotten some out that others have pushed in.

This is the third molar pushing into that block.

The dentist called up and said, "I am doing a mesioangular third molar with a decided lingual deflection. I have been working on it about 45 minutes and I am not making much progress."

I sure did want to tell him to send the patient over to me, but instead I told him what to do. He called me up about 30 minutes after I told him what to do, he didn't even introduce himself, but said, "It's gone."

This was my patient. I sent the patient to the hospital and removed the tooth by making a wide incision and retracting the gum tissue from the lingual wall of the first and second bicuspid area. When the window was wide enough for me to see in and with pressure beneath the mandible we pushed this tooth out, using an aspirator, without a lot of trouble, but you must have the incision wide enough to retract the tissue to see what you are doing.

In this case, I didn't tell the patient where the tooth was. I just told him that it was a very difficult extraction and he should be glad he was in the hospital and glad he could sleep.

(Slide No. 25.) Here is a case I have had a lot of fun out of. I enjoy showing this case to M.D.'s, particularly in Boston.

This is a four-tooth bridge and you can see the condition of the palate. This X-ray was made six weeks after the bridge was inserted, and the only comment I have to make is what I told the fellows in Boston (because they feel sorry for us): This was done north of the Mason-Dixon line and east of the Mississippi River.

Think of a man doing that kind of dentistry! That's bad.

(Slide No. 26.) What you say and how you say it and when you say it and how you look — I have a lot of fun in my office. I'd go crazy if I was serious all the time. I practice saying certain things to my patients. A patient will sit down, somebody I want to impress. I will say, "My goodness alive, that is a bad mouth." "What's the matter? I feel all right." I say, "I can't make a living on well patients." You can have a little fun as you go along. The fact that they get well over night is proof you did a good job.

Here is a fellow with a fractured mandible. He had this third molar. He is an outstanding personality, big husky guy, good looking, looked like a million dollars all the time, and he knew what to say and when. We collected about three hundred of these fractured mandibles. We don't tell anybody about them — I don't tell anybody about them. As a matter of fact, I haven't had but one.

On this thing here he said when this woman's jaw broke, "My God, woman, your jaw broke. What's the matter with you?" Without any hesitation or reservation she said, "My bones break on the least provocation." He said, "That's too bad. It's going to cost you \$250 to have it fixed."

When I fractured mine in 1923 I didn't tell anybody about it until 1933. I think if we tell these stories we would do a lot more good than we do.

When I broke mine, I fell off the operating stool and my nurse had to give me ammonia. I must say I treated that patient very well. I sent her home, put her to bed, and I saw her twice a day. There never has been a fracture that was treated as well or kept as clean as that.

At the end of six weeks I said, "Shall I or shall I not send the bill?" I didn't even tell a lawyer. I sent a bill and in the return mail her father wrote me a letter, "In view of the fact that you broke my daughter's jaw, I don't feel disposed to pay your bill." I wrote letter after letter and finally wrote a letter, in substance: "I did the very best I could with your daughter and regardless of whether complications develop or do not develop, whether the patient lives or dies, the fee remains the same."

Believe it or not, in the return mail, I had a check.

To show you how luck plays, about three years after that, she came into my office again. I saw her through the window and went and got a little ammonia. My nurse encouraged me a bit and I went in, with a smile. She said, "Doctor Conner, you know I had a lot of trouble when you did this third molar." I said, "Yes, I believe you did. What can I do for you today?"

She said, "I had this upper third molar and I was in the hospital for three or four weeks. I thought I was going to die. I know you and I want you to do the upper right."

(Slide No. 27.) I don't think you can learn much from these slides that I am going to show you. Dr. Johnson and Dr. Sikes and all of these eight or ten oral surgeons can give you information. I used to come up and beat the bushes and get a lot of customers but now the folks come to North Carolina to get these three molars. If you want more information, these fellows will tell you.

I am doing a lot of sections with chisels, a chisel with a razor edge on it. You place that chisel at this point (indicating). Don't put it over here on the buccal, but split it just like you would a piece of wood. You are going to treat this tooth. Assume that you are going to expose this

tooth. You look at this buccal ridge and you don't know just where to place the chisel, whether to treat it this way or that. If you put the handle of the chisel in that position (indicating) and hit it a sharp blow and it doesn't split, put it down and get another chisel. Don't use it a second time.

The advantage of this mesio-angular splint is you are going to use this as a fulcrum. Don't traumatize this mesio-buccal bone.

(Slide No. 28.) This is an impacted second molar. An orthodontist would want to take it out and use a third. I let the orthodontists say which tooth shall be removed, third molars or second molars. You can't do that tooth without taking an awful chance on traumatizing this tooth or this one (indicating).

When you section these teeth, you must do post-operative X-ray study. We don't try any different splint on that tooth. We splint it and take the fragments out.

(Slide No. 29.) This is a splint we use. It doesn't work in every case. It is not quite as high a per cent mesio-angle.

(Slide No. 30.) This undeveloped third molar is harder to splint than any. I think Sam Rock, out in Texas, uses a diamond drill and makes a hole and fractures the tooth.

I splint this one with a chisel, and many times I make an opening large enough to take the tooth out without splinting it because a saucer shaped cavity there will heal just as quickly as a funnel shaped cavity.

(Slide No. 31.) This is a little more complicated second and third molar. The patient was getting severe headaches, and we thought it was coming from this thing here (indicating). We exposed these teeth and we splint this tooth. It was at this angle, and we took this half out. Then we splint the second molar and took that fragment out. After a number of fragments were out, we had access to No. 3 fragment and when this is out we push the tooth distally, and a buccal application will remove that.

It is interesting to do these sections and get some dry specimens. Drop them in water and let them dry out.

(Slide No. 32.) We are prone to extract teeth in many cases when we shouldn't do it. I am convinced of that. We have supernumerary bicuspids caused by reapportioning of this bicuspid and this bicuspid (indicating). You can see the area here.

(Slide No. 33.) After the surgery, you see the area here and here (indicating). By all means, in these cases tell the patient before you remove the tooth.

(Slide No. 34.) It is about eleven years since we did this case, and we have those teeth vital and giving service — no evidence of fracture.

(Slide No. 35.) You have seen this fellow before. That fellow was driving a truck and had a temperature of 101. His blood count wasn't as

high as it should have been, and he was going to the office for treatment every day. Those patients should be in bed at home or in a hospital. There is no more reason why you should have a patient come to your office with that temperature than a physician would when his patient is sick.

(Slide No. 36.) Here is the thing that causes a mandible lingual plate fracture — a tooth of the lingual plate, and the debris pushed into this. If you have an aspirator you wouldn't do that.

(Slide No. 37.) When you have indefinite pain, nothing localized, don't do any surgery. Don't let the patient browbeat you into extracting a tooth.

(Slide No. 38.) This is a case I do not operate. I think the way to decide whether or not to take out a tooth that has no symptoms is to wonder if you would take it out of your own jaw. I do not take that tooth out because the difficult surgery will be more punishment to the patient than it is worth. It should be kept under observation along with the other teeth. I don't say much about it.

(Slide No. 39.) This came from an orthodontist. You see destruction of bone in the central incisor. This is a split. A young dentist put a rubber band around these incisors to bring them together and this rubber band slipped up under the gum and caused this traumatic infection of those teeth.

In another case, a dentist put a rubber band between the second and first molar to get a little space. This was a cone shaped third molar and a conical shaped root, and in this one the band went right on up. About two weeks later I took the tooth out.

(Slide No. 40.) You have got to do some surgery on that, or get the patient that has been conservatively treated when you can't remove it at all.

(Slide No. 41.) We drain until we get enough bone filled in. If you continue to treat this tooth until you have a complete fill-in, you will still have to mutilate the remaining part of the cyst.

(Slide No. 42.) This is a cyst. I am showing this just to impress upon you the importance of routine post-operative biannual X-rays of these cyst cases that you refer to oral surgeons or do yourselves.

This is a cyst operated on twice before I did it and we did this in the hospital.

(Slide No. 43.) We saw the patient at six months' intervals, and in two years this little cyst recurred. We mutilate them while they are small.

(Slide No. 44.) It has been nine years now since those two small areas were mutilated and the bone is all right, and I think permanently cured.

I make my original fee large enough to cover the cost of the post-operative X-rays because then the patient thinks that he is getting something for nothing. I tell him that the extra plates aren't going to cost him anything.

(Slide No. 45.) Here is another one. You can't treat this — you just must get the bone fill in here to enable you to remove the buccal plate and extract this second molar and remove the third without likelihood of a fracture. Conservative treatment won't cure that.

(Slide No. 46.) This instrument is being held by a dentist or technician or assistant. These new X-rays are made so safe that a lot of us assume it has no ray penetrating. I was amazed to find out how much penetration there naturally is, and in a day or two a decided exposure will show up. Stay away from the thing — don't hold an instrument.

(Slide No. 47.) This is the last case. You have all seen this. It was a patient who came into the office of a prominent oral surgeon. The doctor was leaving the office just as the patient came in, and patient pleaded with him to take care of him, saying that he would not be able to leave the 10 cent store for another two weeks. The doctor said, "All right, I will." He went into the operating room, pulled off his coat and, under general anesthesia made his usual deep dissection of distal, mesial and buccal wings. Nothing happened. He made a further distal section and this is what happened.

(Slide No. 48.) He has a fracture straight through the mandible. You see the distal border. This is where the prime of the tooth was. To me that is the most startling evidence that brings out the importance of doing routine pre-operative X-rays. He had a malpractice suit and a fractured jaw and a lot of grief that could have been avoided if he had done pre-operating X-rays.

Thank you for allowing me to participate in your program. (Applause.)

PRESIDENT SANDERS: Dr. Conner, we are indeed grateful for the fine contribution to this meeting which you have just made. Please accepting our sincere appreciations.

The Chair now recognizes Dr. Medlin, who will introduce the next speaker.

DR. E. M. MEDLIN: Mr. President, fellow members of the North Carolina Dental Society, and guests:

I was notified just a few minutes ago that I was to have this distinct privilege of presenting our next essayist. As a matter of fact, our next speaker doesn't need an introduction to the North Carolina Dental Society. He has been considered for years a member of our organization, a fellow member.

He is a graduate of the Medical College of Virginia; he has done surgery; he is the consulting surgeon for the Atlantic Coast Line Railroad and also the R. H. C. Railroad.

It is an honor and a privilege to me to present him to you. I know of no man, no member of the dental profession, who is more beloved by our membership. He has appeared before us a number of times, and it is our pleasure and privilege to have him again.

DR. GUY HARRISON:

STONES OF THE SALIVARY GLANDS AND DUCTS

Stones of the salivary glands and ducts are of interest because of their apparent believed infrequency, the difficulty and the importance of making a diagnosis of their presence and the gratifying results that follow their timely and proper removal.

Salivary stones occur more frequently in males than females and they appear at all ages.

It has been observed that the majority of the stones that give clinical signs are small.

Salivary concretions are usually single, but multiple stones occur especially in connection with the parotid gland. Stones in the submaxillary glands of both sides have been encountered in four cases.

LOCATION

In about two-thirds, or more, of the reported cases, stones were found in the submaxillary gland or duct, about 15 per cent were found in the parotid gland or duct, and a much smaller number in the sublingual gland. It is of interest to note submaxillary stones occur two and a half times more often on the left side as compared to their occurrences on the right side.

SYMPTOMS AND DIAGNOSIS

Symptomatically, patients affected with salivary stones may be divided into three groups:

Group 1. Patients who upon eating foods, particularly those that are salivary stimulating, experience pain and swelling in the region of the involved gland or duct. In this group the stone is usually small and acts as a ball valve.

Group 2. Patients who may or may not present a history of recurrent swelling, but who suddenly experience pain and swelling in the region of a salivary gland. In these cases a chronic inflammatory condition is usually present in the involved gland.

Group 3. Patients who present a board-like swelling which fixes the tissues over the involved gland or duct. If the submaxillary or sublingual gland is involved the swelling may also fix the floor of the mouth. Often there is present much to be dreaded cellulitis of the floor of the mouth and neck.

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The earliest and most classical symptom in the majority of cases is salivary colic, which is produced by the retention of saliva and is accompanied with varying amount of pain and discomfort. This condition is brought on by taking food, as stated, which stimulates the secretion of saliva; or it can be brought on by the administration of sialogogues. This symptom may occur spontaneously.

Salivary stones without infection may exist for years with no attending symptoms. Patients may be conscious only of the presence of a hard mass. There may be marked dysphagia and dysphonia, especially in the acute cases. When the submaxillary gland is involved, there is often severe pain in the tongue. In many cases the only symptom is the presence of pus at the duct orifice. Patients often seek relief for infections believed to be due to the teeth, and at times it is very difficult to differentiate infections of dental origin from a suspected stone. Stenosis from any cause and foreign bodies other than stones, will give many of the clinical signs of stones. A plug of mucous for example may simulate the symptoms of stone.

Probing a suspected duct is advised by many, but experience leads one to realize it may do harm by producing a perforation with subsequent duct stricture. The statement is frequently made that obstruction of the duct of the submaxillary salivary gland is responsible for cystic formations in the floor of the mouth. In a large series of cases this has never been observed. When a positive diagnosis can be made by probing the duct the stone can nearly always be palpated intraorally or by a combined intra and extra oral palpation.

A definite history of an injury preceding an attack of salivary colic can be obtained in some cases, scar tissue being responsible. Acute cases may easily be incorrectly diagnosed as lymphadenitis. In patients who have had many acute attacks, especially with suppuration, malignancy is often suspected. In addition to the other conditions that should be considered, a differential diagnosis must be made between enlargements of the salivary glands due to syphilis, tumors, congenital cysts, actinomycosis, all inflammatory lesions, epidemic and postoperative parotitis, areas of increased calcification in the mandible, pseudohypertrophy of Mikulicz's disease, and foreign bodies in the salivary ducts. Small bones, dress-makers pins, and the tip of a clinical thermometer have been encountered.

X-RAY

X-ray is thought of immediately as a diagnostic aid, but in a certain percentage of cases salivary stones may not be demonstrated by this means of examination. By careful and repeated examinations, positive information can be obtained by the use of the X-ray in about 85 per cent of the cases. This is not due to the stones not being radiopaque, but rather to their being unusually small and technical difficulties. Also, the anatomy of the parts involved is such that it is with difficulty the shadows of the superimposed structures can be thrown off the area of the stone. The use of radiopaque substances, such as iodized oil, injected into

the ducts to aid in securing X-ray confirmation of the presence of stone has been advocated. This procedure it would seem has little value.

TREATMENT

The treatment is obvious, namely, removal of the stone or stones. If situated in the sublingual gland, the anterior two-thirds of the submaxillary duct or the buccal portion of the parotid duct, they can be extracted without external deformity by an intra-oral incision. If they are located in the masseteric portion of the parotid duct, the parotid gland, the posterior third of the submaxillary duct or the submaxillary gland, an external incision may be desirable. If stones are situated in either the sublingual or submaxillary gland, extirpation of the gland is to be considered. In order to lessen the possibility of a salivary fistula gland removal is advisable in some cases, especially when an inflammation of the duct and gland is present, following external incision.

One case is recalled which had a submaxillary fistula following an abscess due to the presence of a stone. This is of interest because Roberg* in an excellent article states that he found no record of a salivary fistula due to stone other than of the parotid gland or duct. Closure of a salivary fistula often is most difficult and every effort should be exercised to avoid this complication.

It is best not to operate upon an acute case unless suppuration is present; but instead to put the patient on a liquid diet, without fruit juices, and to give repeated small doses of atropine. Hot intra-oral irrigations, using plain water, when there is involvement of the floor of the mouth is most helpful. If suppuration is present and sepsis threatens, drainage of the cervical tissue planes and lymph spaces is indicated.

DANGER TO NERVE SUPPLY

In operations for delivery of stones or for removal of the submaxillary gland, the danger of injury to important nerves should always be kept in mind. Incisions made over the submaxillary duct intra-orally may sever the lingual nerve: those made into the parotid gland or duct externally may injure the facial nerve. If in approaching the submaxillary gland externally the incision is made too high or too far forward, it may cut the branch of the seventh nerve supplying the depressor muscles of the angle of the mouth. Because of the possibility of injuring the motor nerves all incisions should be located with great care.

It is usually advisable to remove stones regardless of whether they are producing symptoms, since they are always a source of potential danger.

CONCLUSIONS

1. Salivary tones, though uncommon, are not rare, and are always of clinical significance.

*Roberg. *Ann. Surg.*, 1904. XXXIX, 669.

2. The condition occurs at all ages, and may effect any of the glands; the submaxillary is most often involved. The stones are usually single but may be multiple.

3. The symptoms are local and due to obstruction to salivary outflow. If secondary infection occurs, there is an accentuation of local symptoms together with certain constitutional manifestations which at times may become quite serious.

4. In a typical case a presumptive diagnosis is fairly easily reached, but requires certain important differentiations. A specific localization of the stone is often very difficult, but at times necessary, and is dependent largely upon a carefully developed X-ray technique.

5. Treatment is surgical. An accurate anatomical knowledge is essential to successfully execute surgery in these cases.

6. Opinions expressed are based upon a series of more than six hundred operated upon cases.

Last year I was disappointed in not being able to attend the sessions of this body. That was the second time that I have missed a meeting of the North Carolina Dental Society since 1919. I want to tell you that it is a delightful thing to be privileged to come back home. (Applause.)

PRESIDENT SANDERS: Thank you very much, Dr. Harrison, for this very excellent scientific contribution which you have made to our program.

Dr. Carr, as President of the South Carolina Dental Society, would you like to have a word to say?

DR. CARR: Mr. President, members of the North Carolina Dental Society:

It is indeed a privilege and a great honor for me to extend to you greetings from the South Carolina Dental Association. It is nice to be here and to meet old friends. It is always nice to come back here and see so many fellow practitioners.

We had a wonderful meeting just two weeks ago. We were privileged at that meeting to have Dr. Clyde Minges present and at least one or two from your State. We all consider him one of us. He gave a very forceful talk and a very interesting one on the subject of socialized dentistry. I might say that this morning I heard Senator Hunt and Dr. Hillenbrand discourse on the same subject, which was very interesting.

Our Association went on record unanimously in our protest against socialized dentistry.

It is nice to be here at your meetings. Our meeting next year will be at Columbia. We don't know the date yet, but we extend to you all a very cordial invitation to be there with us. Thank you. (Applause.)

PRESIDENT SANDERS: Thank you, Dr. Carr. We are delighted to have you here.

While we are waiting for Dr. Weeks, Dr. Higgens, would you like to add a word from South Carolina?

DR. HIGGENS: Mr. President, members of the North Carolina Dental Association:

It is indeed a pleasure to be here. It is pleasant to always come back to one of the best States in the Union closely associated and affiliated with the great State of South Carolina. We extend to you an invitation to come and meet with us at any and all times.

PRESIDENT SANDERS: Thank you very much.

MEMBER from South Carolina Dental Association.

Mr. President, members of the North Carolina Dental Society:

It is a pleasure to be here from Florence, South Carolina. We had a great many of you fellows over at our convention at Myrtle Beach this year. We expect a better crowd of you at Columbia next year.

Just a word in regard to socialized dentistry. We, as organized dentists, have a great place to fill in these coming years. Our profession, whether you know it or not, is great and it is getting better. We want to keep it so not necessarily for ourselves, our children, and grandchildren, but we want to keep it clean for the public and public safety. Anything that we can do in an organized way, in North Carolina, South Carolina, or nationally, let's all get behind Dr. Clyde Minges. We are proud of him in South Carolina and we some day want to have a President of the American Dental Association from South Carolina.

It is a pleasure to be here and God bless you.

PRESIDENT SANDERS: Thank you—we are delighted that you are here.

I now recognize Dr. Whittington who will introduce our next essayist.

DR. P. B. WHITTINGTON: Mr. President, members of the North Carolina Dental Society, guests:

It is a real pleasure to introduce our next speaker. He has done a grand job with the Veterans Administration as Assistant Dental Chief of the State of North Carolina. He is a graduate of the University of Maryland. He has been most helpful to me as Chairman of the Military Affairs Committee. I talk to him every day about some of our problems.

Without taking further time, I would like to present Dr. W. P. Weeks.

DR. W. P. WEEKS: Mr. Chairman, fellow members of the North Carolina Dental Society:

I appreciate these remarks the Doctor just made. I would like to compliment him—as chairman of the Advisory Committee, he has done a splendid job, a most unselfish job. His whole-souled interest is for the veteran and for the dentist.

It is also a pleasure for me to have this privilege of discussing with you this afternoon the Veterans Administration dental program. I would like to take a moment to express to you our appreciation for the co-operation that you have shown in this program and also for the splendid dentistry that you have rendered the veterans of North Carolina. We realize, of course, that you are having some difficulties, some of you, in understanding our requirements and regulations and also in understanding the proper manner in which these examinations and treatments should be recorded.

It will be my purpose this afternoon to clarify those difficulties for you and, by so doing, I will simplify the problem for you.

I am going to give you four points in the beginning that I can assure you, if you will observe and remember them, will eliminate all these difficulties and expedite your problems. I am going to mention these points before I discuss the charts. However, from time to time, in discussing the charts, I will refer to them.

The first point is the authority for an examination cannot be extended. They are issued for 30 days and cannot be extended. You will note that this first point is illustrated on this chart. If you find that you are unable to make this examination within that period of authority, I would suggest that you return the chart to us with a letter requesting a new authority. We will cancel the other and give you a new one. Otherwise, if you make this examination after the 30 days the payment will be suspended. That is point No. 1.

Point No. 2 is the authority for treatment on this chart. This authority can be extended providing you return the chart with a request prior or up to the expiration date. Under no circumstances do any treatment after the expiration of that authority because if you do then you won't be paid and you will have to put in for a reclaim in order to get your money, and I don't know how long that would be.

If you return the chart to us, we will extend it providing we can receive it around the expiration date. If it slips up on you and the expiration date has already arrived, when you show all the treatments that you have rendered, sign the chart and sent it to us and tell us you have not rendered all the treatment, and we will issue you an authority for the remaining treatment, that is, the treatment that has not been completed. That is No. 2.

We want first, the Veterans Administration, the veteran to receive the dentistry and all the treatment he is entitled to, and then we want the dentist to be paid for his services. So, if you remember these points, I can guarantee you will be paid and be paid promptly.

The third point. Any change in treatment that you find necessary, return the chart to us with a letter specifying the change you want, and let us authorize that change.

For instance, if you recommend something over here (indicating chart) that is not specified over here (indicating other charts), send us the chart and a letter so that we may authorize that change and so that everything will be in order. In other words, these two charts must be in proportion.

That is my fourth point, that the invoice must be recorded in accordance with the authority. Of course, we don't want you to put something down on this chart that you haven't done. It isn't that at all — that is the reason I am telling you about this change in treatment. That is the reason I want you to send the chart in for any change of treatment. It may save you money.

For instance, just recently we had a dentist to whom we authorized a bridge for a veteran, replacing No. 12 and 13. No. 13 was a missing tooth, non-service connected. No. 12 was a service connected tooth. He had recommended extraction of No. 12. Naturally, we authorized the bridge to replace No. 12 and No. 13. He sent the chart in for an abutment on 13. 13, as I said, was a service connected tooth and was rightfully being extracted. He sent the completed chart in showing an abutment on No. 13, replacement for 14, abutment on 15. I sent the chart back to him for clarification, and he wrote back that he had decided No. 13 was good enough for an abutment.

You see what happened. No. 13 was a service connected tooth and he recommended an abutment on 13 that he wasn't entitled to. If he returned that chart to us for change in treatment, we would, of course, have advised him that the veteran wasn't entitled to it and he wouldn't have been out the money. We couldn't pay him—maybe the veteran would.

That is the reason I am stressing the change in treatment to you, so we can pay you and so you will get paid. As I said before, the fourth point is that this invoice must be in accordance with the authority.

This is typical of what we call a Class 2 case. You see most of these teeth circled in red — we authorized treatment for them and they happen to be the case that you see the most of, what we call a "flash tooth." In other words, these teeth are circled in red according to the veteran's dental rating or service connected teeth.

You probably will be interested to know how this is determined. This rating is determined by the entrance examination, that (indicating) is the dental examination, the treatment in service, the discharge examination, and in those cases where the examination was made within a year after discharge, prior to July 25, 1948.

For instance, on this No. 3, on the entrance examination, it was a normal tooth and did not show any defect. Later in service it developed a cavity or something; and they filled it. It was due to service. There-

fore, service connection was granted on that tooth. On the other hand, he may have had an upper molar then that was shown defective on entrance, and, even though that tooth was filled in service, service connection would not be granted for it because the condition was there and was not due to service. A tooth showing a cavity before service would not be service connected even though dentures or replacements were provided for that tooth in service. It would not be service connected because it is the obligation and responsibility of the service to take care of these men and keep them in good shape, but the Government does not assume responsibility for those conditions that are present prior to entrance.

On the other hand, a tooth that was marked defective on entrance, or rather carious, and was later extracted in service, provided that tooth was marked for restoral at entrance and was later extracted, it would be a service connected tooth, due to aggravation. If no treatment was noted at entrance and it later received treatment for gingivitis or Vincent's infection, naturally you would have service connection for that condition.

We authorize treatment under three other classifications. This is Class 2. It is necessary that I mention these classifications in order to give you an idea how we arrive at what the veteran is entitled to.

Class 1 is the veteran who has received an oral injury in service, usually from gunshot or a fractured mandible. He is entitled to any dental treatment that will keep his mouth in the best possible condition, and rightly so.

Class 2 is what I have just told you about.

Class 3 is a veteran who has a medical rating that gives him service connection for some physical disability that he is drawing compensation for, such as arthritis, hypertension, ulcerated stomach, active T. B., and many others that I could mention. We can authorize treatment on that classification—that is evident from his physical disability. However, we can't authorize all dental treatment. It all depends upon the disability.

For instance, on the arthritis, we can remove post-operative infected teeth and replace them. On active T. B., we can give them any dental treatment as long as their case is active; ulcerated stomach — any dental treatment; hypertension would be removal of foci-infection.

There is one other class, No. 4, which you are not interested in.

Class No. 5 is a boy under Public Law 16. He is under training under Public Law 16. He is drawing compensation for some disability and training under Public Law 16. He is entitled to any dental treatment that may correct a condition that may cause an interruption of his training. In other words, the Government wants this boy to complete that training as quickly as possible and they don't want an interruption of training. That doesn't mean that he will get replacements, necessarily. For instance, if he had only one molar missing and all the rest of his teeth were in position, we would not authorize a replacement of that tooth because that wouldn't be considered a cause for interruption of training. We could

authorize filling, extractions, or anything like that. That's the four classifications that we authorize treatment of.

I would like to start on these charts because this is where you fellows really have your most difficulties. Some of you don't, but some do. I have been in practice for 20 years myself and I realize the difficulties you might have. I know what your problems are. There is nothing that you can mention, I believe, that I haven't experienced the same way, so I can also understand your problems in this case.

The reason I want to get over to you these four points is that the veteran will get his treatment and you will be paid for it and paid promptly. I will refer to them as I go along, because if you don't remember anything else, I would like you to remember those.

I would suggest that the day the veteran comes in for this examination that you write down the date at the top of the chart. So often, men will neglect putting the date in there and then we have to send it back to you, causing a delay, of course, of a few more days in paying. Put your date on there and make sure that your examination is within this sphere of authority. If not, return it to us as I mentioned, and let us issue a new authority.

Then, sign your name. That signature must be in ink or else in indelible pencil. Ordinarily pencil is not acceptable, neither is type.

Then, you come down the chart for your examination. For instance, on this case you have a No. 3 and 4 recommended for a crown. We would like for you to say why that tooth needs a crown. In other words, the dentist who checks these treatments must have some justification for authorizing this treatment because they are held responsible for it if it ever comes up. (My signature usually appears on these charts, but that doesn't mean that I check the charts.) So, if you have a low crown and recommend a new crown, show over here why, so the fellow checking the treatment can authorize it with a clear conscience.

Anything that you find in the mouth we would like to have you show. That is a big help to us lots of times, because we get examinations that, at times, are rather hard to interpret. Sometimes, with the information that you jot down on this chart, will help interpret those things and we will know what the dentist wants.

You will notice this case is service connected with these teeth circled in red. No 2, amalgam filling was recommended. He is not entitled to it according to his rating. No 3, low crown — he is entitled to it, so we authorize it. No. 4, he is entitled to it, so we authorize a filling. No. 5, of course, not being service connected, is disallowed, and so forth.

Now we come down here to a porcelain jacket and inlay. For instance, if you get into the operation of a case like this, and you find it is necessary to substitute another form in the treatment, send the chart to us and let us make the change and authorize any treatment.

You see down here we have authorized on this case the extraction of 7, 8 and 9. Those are not service connected teeth. I put that on there for a purpose — although you probably wouldn't understand it. If you look down here, he is service connected for 30 and 31, which are missing teeth. Therefore, we extract these teeth; you recommended partial denture. We can extract these teeth or any other teeth in that mouth and authorize the partial denture.

As I said before, the Veterans Administration wants the veteran to receive the best dental care. We are not going to authorize a denture to be placed over an impacted wisdom tooth.

You can see here this boy is also service connected for pyorrhea. We authorize the pyorrhea treatment. Over here on the invoice you will notice authority for this much money. Ordinarily, of course, we would give you more time than this, but I would suggest that when you receive this authority that you check these things because, after all, you can make errors. We would ordinarily give you three or four months, or whatever is necessary. You should check these charts for the expiration date and see if you have enough time before you start treatment.

As you can see, all treatment here was rendered within that authority. We will enter the examination and X-rays on the chart. You do not have to do that. So many men will turn that form over and have the examination and X-rays on it and it kind of messes up the thing, so let us do that.

When this examination comes in to my office, we have one of the men check this in, check the number of X-rays and staple it to this chart. When the treatment is authorized our typist will type this date you show here over here (indicating) and the examination and number of films, so you do not have to enter that on there. In fact, we prefer that you don't.

Then, you say that this tooth is to be extracted — these three on the same date. It is not necessary that you show each extraction on a different line, providing they were done on that same day. He did all of these the same sitting, and shows it as three extractions, but note that No. 17 is shown as an impaction. If it wasn't, I couldn't approve it. So, if you will enter the word "impacted" behind the particular tooth, whichever it may be, and then your other teeth, you can have all that on the same line.

Then, you are filling here No. 4 and 5, filling with amalgam, pyorrhea treatment, and so forth.

Then you get over here to the bridge. A lot of dentists will show three or four dates. That is not acceptable. I know that you people don't know anything about our bookkeeping system and I understand that you fellows follow a system of your own. All we want is the date that the bridge was inserted. Some will show the date up here that the three-quarters crown was prepared and then come down here and show another date, and still another date on which the bridge was inserted. The men in the accounting office, who are laymen, only want to know the date

in which the bridge was inserted, so, if you will show that, it is all we want to know.

Over here, notice the initials. That is an error. This man made an error — he previously had 4/9/49 and then changed it to 4/2/49. If that is not initialed, we will have to return it to you for your own protection. The accounting office will not accept that for payment unless you initial that yourself, and it must not be printed — it must be in ink or indelible pencil. That is for your protection. This is your personal invoice and you are presenting this to the Government for payment. If your initial is not there, they might think someone else changed that.

On proper labeling — a lot of men will record "Lower portion" and that's all — "\$90." They will not accept it that way. It must be shown that it was authorized.

You can see the reason for that. The partial denture part of the schedule would be \$80, and you have shown the figure of \$90. The labor is not shown in here and we would either have to return it to you or else suspend \$10, which you don't want to happen. So, that is the fourth point — this invoice, the recording of this treatment, must be in accordance with this examination.

The first point, make sure that your examination is made within the period of authority and as shown here; the second, the treatment recorded within the period of this authority, and don't do any treatment after the expiration date because they will take exception to it. The only recourse you have is to file a reclaim, and we don't want you to have to do that. We want to make these accounts as fast as possible — that is the whole idea behind it. We don't want to hold them up any longer than necessary. We don't want to carry over from one year to the next. We want to liquidate this man as fast as possible, so make sure your treatment is rendered within the period of authority.

Then, on the changes in treatment, be sure to send them back, regardless. I can realize that on a few cases, you can't wait to extract that tooth. However, you can send the chart in and say that the tooth was extracted and we can make the change, as long as we received it within 15 days. On any change of treatment, return the chart and let us promptly change it and authorize it. Then, as I said, these two charts must be in accordance with one another.

Speaking of emergency treatment, we do have some difficulty there. You do have the privilege of calling our office at our expense for an emergency call or for any call pertaining to a veteran's treatment. But, if you do not call us by telephone, if you choose to let us know by letter, we would like for you to give the veteran's name, his full name, because there are a lot of veterans in North Carolina and a lot have the same name. Give us his name, his C number—we would like to have that. If he does not have a C number, then enclose his serial number. Give us his address and then tell us what you have done. So many letters will say, "I submit an invoice for treatment." We can't set up an authority

because we don't know what the treatment is for. If you extracted certain teeth on a certain date, as long as we get it within 15 days, provided that veteran is entitled to treatment, we can cover it, but we must, according to regulations, receive that request within 15 days.

As I say, you can call us at our expense and we can usually tell you from our records there how much the veteran is entitled to. If we have to check on his records, we will tell you then and we will check them and let you know at a later date what he is entitled to. Of course, if he is not entitled to it, it will be his responsibility. Just because he is a veteran doesn't mean that he is entitled to emergency treatment. We can only cover for what his rating grants him service connection for, or, if he is a boy under Public Law 16, of course he would be entitled to the emergency treatment for the relief of pain, but not for replacement of a tooth or filling — just purely and solely for the relief of pain.

We can't authorize extractions, palliative treatments, and Vincent's treatment, or any condition like that, but if this boy is a Class 3 case, if he had a physical disability which would entitle him to dental treatment, we could cover that in an emergency. If it was a source of infection, of course we can authorize that, but make sure if you do write that you give the boy's name and his address and his serial number or C number, and give us all the information including the date you did the work and what the emergency was.

Otherwise, we will have to write you and find out about it and just cause more delay.

One other point on an emergency case — it would be well, if you don't know the veteran, to ask him whether he is a wartime veteran. At the present moment the regulations do not give dental treatment to the peacetime veterans unless they have been discharged for disability or if they are receiving a pension for disability or if they have a disability such as arthritis or one of those adjunct cases, and then we can authorize emergency treatment for that.

A wartime veteran is considered up to December 30, 1946.

In brief, if you will remember those four points, they are the most important. In other words, what I am trying to get over to you now is to get your invoices paid. As I said, we are interested in the veteran receiving the proper treatment. We know he is receiving good dental care from you fellows in North Carolina — we know that, and we want you to be paid.

If you carry out those four points I brought out to you, I will guarantee that you will be paid and paid promptly. It usually takes about 30 days or possibly five weeks. Some men say three weeks, some say four, and some say five. As long as this invoice is in order and is in accordance with the treatment, you will be paid every dime that we have authorized to you.

I would like to mention the fact that these dental ratings are not made by the dental department. They are made by the Adjudication

Division by rate specialists. The dental ratings are made by a board composed of dentists and lawyers. The lawyers are there to interpret the regulations, to see that the veteran gets what he is entitled to, and, at the same time, to protect the Government. The medical ratings are, of course, made by the medical doctors and lawyers. We do not make the dental ratings in the dental department.

However, we cannot authorize treatment for any veteran other than what his rating calls for. We have got to abide by those ratings. We get quite a few complaints from veterans, complaining about their rating, and of course I have to check them. If I find an error (and sometimes we do), possibly we can establish service connection for him and we do that. We are interested in the veteran.

I have emphasized these four points to you because I want to impress on you that your payments will be expedited by your observing them so that everybody will be happy. I feel that the dentists of our State are pretty well satisfied with the program, those who are participating, and I believe we have about 655.

(Dr. Weeks then conducted a question and answer period among the membership, which was not recorded.)

NEW BUSINESS

Thursday Afternoon

The first meeting of the House of Delegates was called to order Thursday afternoon at 5 o'clock, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: The Secretary will please call the roll.

(The Secretary then called the roll and the following members were present:)

Officers

C. W. Sanders
Walter McFall
Fred Hunt

Ethics Committee

W. T. Martin
Coyte Minges

First District

S. H. Steelman
Patsy McGuire
W. J. Turbyfill
A. W. Bottom

Executive Committee

S. L. Babbitt
A. C. Current

State Board of Dental Examiners

Walter Clark
D. L. Pridgen

Second District

J. D. Kiser
Homer Guion (for Joe V.
Davis)
Wade Sowers

Third District

C. H. Teague
 Norman Ross
 P. B. Whittington
 J. N. Caudle
 Sam Shaffer

Fourth District

J. J. Tew
 Paul Harrell
 W. T. Martin

FIFTH DISTRICT

Dan Wright
 Charles Eatman

Darden Eure
 Z. L. Edwards

B. McK. Johnson

SECRETARY HUNT: Mr. President, you have a quorum.

PRESIDENT SANDERS: I declare the House of Delegates in session and ready to consider business coming within the jurisdiction of this body.

We are ready for any reports or business.

DR. E. A. BRANCH: This is the report of your Council on Dental Health.

I might say that in response to this offer to send this handbook on cancer I have received about a little better than 700 requests from dentists of the State. That is a mighty good showing when we have about 1,000 in the membership.

THE STATE COUNCIL ON DENTAL HEALTH

The Council on Dental Health believes that, since our last meeting, progress has been made in bettering the dental health conditions of the people of our State. We believe that, especially among the children and young adults, there is more widespread and more accurate dental health information resulting in improved attitudes and practices. The agency concerned with the accomplishment of these goals is the Division of Oral Hygiene of the North Carolina State Board of Health.

The report of the Oral Hygiene Division for the year, 1948, is as follows:

Number of counties receiving dental service	43
Number of schools receiving dental service	457
Number of children receiving dental inspections	57,271
Number of children receiving dental corrections	26,296
Number of children referred to local dentists	30,975
Number of lectures on Oral Hygiene by school dentists	1,333
Total attendance at lectures	59,994

As impressive as are these facts and figures, even more important are some of the intangible benefits of the program. We cannot estimate the amount of pain and illness, both dental and systemic, prevented by the early detection and correction of dental defects. And it is difficult to realize the great values accruing to the individual and the community

from the establishment in the minds and attitudes of the children of a friendly feeling toward the dentist and an appreciation of good dental health. These are some of the results of such a program conducted by dentists trained in children's dentistry, child psychology, and methods of teaching.

It should be noted that not quite one-half of the counties of our State participated in the service and no county received as much time as was needed. Both of these conditions were due to the shortage of dentists on the staff. However, this year marked the greatest increase in the staff since the war. Four well trained dentists were added to the staff, and it is our hope and belief that this upward trend will continue.

The dental corrections made by the school dentists include amalgam and cement fillings, silver nitrate treatments, extractions, prophylaxes, and sodium fluoride applications. This latter treatment was offered for the first time this year. In keeping with the recommendations of the American Dental Association and the U. S. Public Health Service that a two per cent solution of sodium fluoride be applied topically to the teeth of children as a preventive measure, the state school dentists now give this treatment to as many of the underprivileged children as possible.

In cooperation with the Laboratory of Hygiene, the Division of Oral Hygiene supplies the dentists in private practice with the solution, upon request. The demand for the solution indicates that its use is widespread.

The educational part of the program does not stop when the dentist leaves the school for, in addition to his teaching in the classroom and at the chair, the dentist has with him dental health teaching aids to give to the teachers. This material is available, free of charge, to all of the elementary teachers in the State and is being extensively used by them.

Little Jack's puppet show completed its thirteenth year and was witnessed, in 1948, by 156,184 children. Thousands of these children wrote to Little Jack and received answers from him. Hundreds of children, on their pilgrimages to the Capital City, visited the dental health museum, known as "Little Jack's House," in the Oral Hygiene Building.

The Oral Hygiene Division realizes that the success of its efforts depends to a large extent upon the cooperation and support of the members of the North Carolina Dental Society. During this past year it has been gratifying to note a strengthening of this relationship through your participation in the dissemination of dental health information by the distribution of the "Mouth Health Catechism" and through your ready responses to our offers to supply you with the sodium fluoride solution and the Cancer Handbooks. There have been many other evidences of unusual awareness and appreciation, on the part of private practitioners, of the needs and problems in the field of public dental health.—Ernest A. Branch, Chairman.

THE BIENNIAL REPORT OF THE DIVISION OF ORAL HYGIENE

July 1, 1946—June 30, 1948

The Division of Oral Hygiene is cognizant of the fact that much of its present well-being is due to the secure foundation upon which it was established.

North Carolina was the first state to put dentistry in a statewide public health program. This was done in 1918 by legislative enactment upon the recommendations and requests of the North Carolina Dental Society and the State Board of Health. Funds were provided by the legislature to help finance the program, and it has functioned from that day to this.

North Carolina was the second state in the Union to have a dentist as a member of the State Board of Health. The position has been held by three dentists, Dr. E. J. Tucker, Dr. J. N. Johnson, and Dr. Paul E. Jones. In 1931 legislation was enacted to the effect that each County Board of Health must have a dentist as one of its members. This was another North Carolina first.

The Division of Oral Hygiene is chiefly concerned with the prevention of dental diseases and of systemic diseases of dental origin and is in agreement with the statement made by the Council of Dental Health of the American Dental Association that "the prevalence of dental diseases and defects can be reduced most effectively by concentrating on the dental needs of children."

We all consider the child our greatest asset. One of our most cherished and loudly proclaimed principles is that every child born in North Carolina should have an opportunity to develop physically and mentally to his full capacity. We all agree that a child with any physical defect is a handicapped child and that a handicapped child does not have an equal chance in the world of keen competition that exists today.

This realization serves to point up the seriousness of the fact that tooth decay is the most prevalent physical defect. Eighty-five per cent of our children have dental defects. In other words, 850,000 of our 1,000,000 children of school age are in need of dental attention.

Contributing causes of this situation are low incomes, indifference, and lack of information. This last is a polite name for ignorance, ignorance of the importance of having a clean, healthy mouth and ignorance of the relationship of an unclean mouth to systemic disease.

The Division of Oral Hygiene is concentrating its efforts in attacking the last named of these causes. Its program, therefore, is one of education. The activity is centered in the public schools of the State.

The Division has, in addition to its Director, a staff of fulltime dentists licensed to practice in North Carolina. These dentists are trained in children's dentistry and in methods of teaching. The dentists go into as many

of the elementary schools as possible throughout the State and teach mouth health and its relation to general health.

After teaching in the classroom, the dentist inspects the mouths of all the children. This is done right in the classroom. When he has done his classroom teaching and has made his inspections, the dentist sets up his office in the school building, using portable dental equipment. Here he makes the necessary dental corrections for the underprivileged children under thirteen years of age. This is termed demonstrative teaching.

Dental corrections are not made for all of the children. Many parents are financially able to take care of the dental needs of their children. The school dentists mail cards to these parents telling them that their children need dental attention and advising them to consult their own dentists.

The school dentists follow this same procedure from grade to grade and from school to school; teaching, inspecting, making corrections for the underprivileged, and referring others to their own dentists. All of the children receive the benefits of the program because it is educational.

The following is a summary of the corrective and educational services rendered by the dentists during the past biennium, July 1, 1946-June 30, 1948:

Number of counties visited	58
Number of schools visited	785
Number of children—mouths inspected	102,679
Number of underprivileged children receiving dental corrections	46,259

AMOUNT AND CLASS OF TREATMENT ITEMIZED AS FOLLOWS

Number amalgam fillings	19,240
Number cement fillings	5,786
Number silver nitrate treatments	63,906
Number teeth extracted	39,403
Number children—teeth cleaned	43,474
Number miscellaneous treatments	3,950
TOTAL NUMBER OF OPERATIONS	175,759
Number of lectures on Mouth Health	2,265
Total attendance at lectures	106,559

One of the most extensive phases of the work is the preparation and distribution of supplementary dental health materials to assist the teachers in their teaching of dental health. There are on the staff a trained teacher and an artist-illustrator who prepare this material. The material is available, without cost, to any teacher in the State who requests it. Its widespread use is indicated by the following figures showing materials distributed during a typical month, January 1948:

45,000 *Merry-Go-Rounds* (dental health news release for school papers) to 525 schools
1,085 Letters to children from Little Jack

- 425 *Travelogues* (books)
- 10,064 Sheets of educational material to classrooms
- 100 Sets of charts for classroom bulletin boards
- 174 Handbooks for Teachers
- 350 *Mouth Health Catechisms* for teachers and mothers
- 3,750 *Mouth Health Catechisms* to dentists in private practice
- 178 Posters
- 30 Sample kits of all materials to Health Educators
- 15 Sample kits of all materials filling requests from out of state

An interesting and gratifying development in this educational program is that it has reached the age and stage at which dividends from the work of former years are being realized. Many of our young teachers and parents were "raised on" the program, and the children in their grades and homes are benefiting from the teaching of school dentists fifteen years ago. It has been said that ours is a long-time program. We are entering on the era to which we have been looking forward—when the babies' and children's teeth reflect in their very structure and care the information and habits their mothers acquired in the elementary grades.

A basic factor in the operation of the dental health program is that of local community participation. First and foremost, each county or city is vitally interested in the service it receives because it shares in the expense of the program. Many local groups are represented in planning for and cooperating in the program. While the public health dentist is in a county, he becomes a part of the local Health Department and the health officer and nurses assist him while he is there and follow up his work after he has gone. Of course the help of the school personnel, from the county superintendent to the janitor, is essential to the success of the program. Especially must we depend upon the classroom teachers.

At the moment there is widespread interest in sodium fluoride therapy as a preventive measure in the control of dental caries. We believe that the topical application of a two per cent sodium fluoride solution to the teeth of children offers promise in the field of prevention. As a service to the dentists in private practice and to encourage its use, the Division of Oral Hygiene, with the cooperation of the Laboratory of Hygiene, furnishes the two per cent sodium fluoride solution, free of charge, to the dentists of the State. Over 700 dentists in private practice are availing themselves of this service and are offering the treatment to their child patients. The dentists on the staff of the Oral Hygiene Division are applying the solution to the teeth of as many of the underprivileged children of the State as possible.

It should be noted that only fifty-eight counties participated in the services of the Oral Hygiene Division. This was through no default on the part of the other counties but was due, rather, to the inability of the Oral Hygiene Division to furnish them the desired service. Inability to provide dental service to all counties has been caused by lack of personnel. In 1942 there were thirty-four full-time dentists on the staff. Due to the war and postwar conditions this number has been greatly reduced. However, the recent approval by the Budget Bureau of more adequate beginning salaries

for public health dentists has enabled us to start the new biennium with four additional well-qualified dentists. Prospects for further recruitment of the staff are encouraging. The establishment of the proposed dental school in North Carolina should be the means of our being able to maintain an adequate staff of public health dentists.

It is with renewed confidence and high expectations that we look forward to the work of this biennium. We believe that significant progress will be made in the attainment of our goal, "the prevention of dental diseases and of systemic diseases of dental origin."—Ernest A. Branch.

DR. BRANCH: I move the adoption of this report.

(The motion was seconded and carried.)

DR. H. O. LINEBERGER: I have here the report of the Dental College Committee for 1949.

THE DENTAL COLLEGE COMMITTEE

The House of Delegates of the North Carolina Dental Society, at the meeting last year in Asheville, approved the recommendations in the report of the Dr. O'Rourke Survey, which called for a state supported Dental School at the University of North Carolina, in connection with the Medical School. The Legislative Committee, working with the Dental College Committee, was instructed to have prepared an enabling act, and to seek appropriations for the building, equipment, and maintenance for a Dental School.

Following the instructions of the House of Delegates, Dr. John T. O'Rourke prepared for us a summary of the original report of his survey. This summary was the last service rendered by our good friend before his passing. A copy of the summary was mailed to each member of the North Carolina Dental Society.

President Graham and Chancellor House invited the Officers of the North Carolina Dental Society, the Public Relations Committee, and the Dental College Committee, to meet in Chapel Hill on Saturday, November 6, 1948. Drs. Graham, House and Berryhill, pledged full support to the Dental School, and a very definite course of procedure was charted at that meeting.

A letter from the Dental College Committee, and a copy of the O'Rourke Report was sent to the State Officials, the members of the Advisory Budget Commission, and to every member of the General Assembly.

The Governor, the Assistant Director of the Budget, and the Chairman of the Advisory Budget Commission were contacted personally and advised of the need for a Dental School in North Carolina, and of the action taken by the North Carolina Dental Society. They appeared very much interested in our Dental School survey and general program, and granted us a hearing before the Advisory Budget Commission on Friday 12, 1948.

A splendid representation of dentists, from all over North Carolina were present at the Advisory Budget Commission hearing. The Chairman of the Dental College Committee presented the following speakers: Dr. C. W. Sanders, Dr. Wilbert Jackson, Dr. A. C. Current, Dr. Ernest Branch and Dr. Fred Hale, from the Dental Society; President Frank Graham and Dean Berryhill, for the University of North Carolina.

In preparation for the hearing your committee was requested to prepare a full itemized statement covering all anticipated expenditures for the operation of the Dental School for 1949-50 and 1950-51. Dr. Fred Hale, and your chairman, made several trips to Chapel Hill, holding conferences with Mr. Shephard and Dean Berryhill, in arriving at our askings.

The appropriations bill, as passed by the General Assembly, provided for the following:

Dental Building	\$ 750,000.00
Equipment	250,000.00
Administration—1949-50	20,650.00
Administration—1950-51	21,000.00
Instruction—Pre-clinican	
Dental courses — 1949-50	82,500.00
Dental courses — 1950-51	94,250.00
Giving a grand total	\$1,218,400.00

The Advisory Commission gave the Dental School their unanimous approval. They went even further and took unprecedented action by recommending the new Dental School in their report, which is, in fact, the appropriations bill, and set up \$1,000,000.00 for the building and equipment of the school.

On January 17th., Senator Curry of Durham, and Senator Paul Jones of Pitt, introduced the enabling act in the Senate which provided as follows:

"Section 1. In order to carry forward the Medical Care program for all the people of North Carolina, the Board of Trustees of the University of North Carolina is hereby authorized, empowered and directed to establish and maintain, in conjunction with the Medical School, of the University of North Carolina, a school for the teaching of dentistry.

"Section 2. All laws and clauses of laws in conflict with this Act are hereby repealed.

"Section 3. This Act shall be in full force and effective from and after its ratification."

A similar bill was introduced in the House by Representatives Taylor, Bunn and Garland, on January 17, 1949. Both bills received a favorable report before their respective Health Committees.

The bill passed both the Senate and the House without any opposition.

The Appropriations Committee, of both the Senate and House, meeting jointly, granted us a hearing on February 1st. This meeting was attended by an even larger group of dentists than were present at the Advisory Budget Commission hearing. Practically the same program was followed. A list of all pre-dental students, including their names and home addresses, which had been furnished us by the colleges and universities in North Carolina, was presented to the members of the Appropriation Committees. In addition to the list, a brief printed report from many of the county dental chairmen was included.

Later, in an executive session, the Appropriation Committees recommended the full appropriations asked for by the Dental College Committee.

The following statistical report will give some conception of the printed matter, letters, cards, etc., which were prepared and mailed out from the central office since our last State Meeting:

- 800 copies of A Report of A Study of The Dental Needs and Facilities of North Carolina
- 1,000 copies of Summary of a Report on The Dental Needs and Facilities of North Carolina
- 1,642 letters
- 1,700 cards
- 4,000 mimeographed pages in Student's Bulletin

The President and Secretary of the North Carolina Dental Society sent a special message to the members of the Senate and House of Representatives, thanking them for their support given the Dental School Bill. These letters were received by both bodies and made a part of the record.

The Chairman of the Dental College Committee has mailed a personal letter to the home address of each Senator and Representative, since the Legislature adjourned, expressing to each of them our thanks for their cooperation and assured them that the members of the North Carolina Dental Society are going to aid in every way possible the authorities at the University of North Carolina in the establishment of an approved Dental School, which should provide for our citizens the best possible dental education.

Dr. A. C. Current, and his Public Relations Committee, promoted a most outstanding program among the lay organizations. The results were reflected in the Legislature halls in Raleigh.

Our Committee is grateful to every district and county chairman, and to every individual member who worked and contributed to the Dental College program. An accurate list of all contributors is being kept. The list and amount collected will be published at the proper time and place.

To Mr. R. W. Madry of the University News Bureau, goes our thanks for his great assistance in getting out valuable publicity for us.

In order that all the members of the Dental Profession in North Carolina continue to be active in the Dental School program, your Committee recommends that we continue our campaign for individual donations and

that the proceeds be used to establish a dental Library at the Dental School.

It is further recommended, that Dr. J. Martin Fleming be named Chairman of the Library Committee, to receive funds and donations of books for the library.

Our program for Dental Education, looking to the establishment of a Dental School, was first begun by the appointment of a Dental College Committee in 1921. Drs. Eugene J. Tucker and J. Martin Fleming were members of that Committee. Our second Dental College Committee was appointed in 1926, following Dr. Gies' Report on Dental Education in the United States and Canada. Many conditions have changed in North Carolina since our first and second efforts. In our recent campaign a determined and united Dental Profession, backed by an aroused civilian population, carried the program through to a successful conclusion. Though much has been done, much remains to be accomplished.

Your profession needs your active support more today than ever before. We would urge every member to rally behind our officers and prove to the Legislators, and the people of North Carolina that the Doctors of Dentistry in this State are worthy of the confidence which they have bestowed upon us—and that we can accomplish the task which they have so generously entrusted to us.—H. O. Lineberger, Chairman.

DR. LINEBERGER: I move the adoption of this report.

(The motion was seconded and carried.)

DR. A. C. CURRENT: Mr. Chairman, I have the report of the Public Relations Committee.

THE PUBLIC RELATIONS COMMITTEE

A brief background leading to the necessity for the creation of this committee is probably in order. In 1947, the Advisory Committee to the Dental member of the Medical Care Commission invited a representative group of North Carolina dentists, consisting of the state officers, committee chairmen, etc., to assemble at the Carolina Hotel in Pinehurst, just prior to the opening of the annual meeting of the North Carolina Dental Society. The purpose of this gathering was to discuss the lack of dental education in our state, to ascertain the concensus of opinion of those present relative to this condition, and, if deemed advisable, to make some move in the direction of dental education in our state. The report of this Advisory Committee as adopted by the House of Delegates and published in the 1947 proceedings of the North Carolina Dental Society is largely the outcome of the feelings expressed by the men attending the above mentioned meeting.

The next move along this line was the reviving of the Dental College Committee by the incoming state president, Dr. R. M. Olive. This committee, headed by Dr. H. O. Lineberger, became immediately active. By the time of our next annual convention, they had a most comprehensive

report to place before the House of Delegates in Asheville. This report included a recommendation that the North Carolina Dental Society support a movement the objective of which should be the inclusion of the teaching of dentistry on a full scale basis leading to a degree in dentistry as an integral part of the Greater University. The report was unanimously adopted; and, thus, the North Carolina Dental Society was solidly behind an effort to have a standard school of dentistry created and operated by our State University.

As a result of this action, the incoming president, Dr. C. W. Sanders, at the 1948 meeting in Asheville, set up a special committee, The Public Relations Committee, whose duty it should be to work with and through the North Carolina Dental Society in carrying to the public the necessary information about the need for a school of dentistry and about the plan by which it had been proposed to secure it. In attempting to obtain some sort of plan or order for its work, this committee sought the advice of our state president, other state officers, the Dental College Committee, and many other groups. Our efforts finally evolved into the following order:

1. The committee to work with the District Societies;
2. The District Societies to work with the city and county societies;
3. The city and county societies to work with local civic, social, educational, religious, and other outside groups;
4. All activities to be given state-wide newspaper publicity through the generosity of the University's News Bureau head, Mr. R. W. Madry.

The presidents of our District Societies—Dr. H. M. May, Asheville; Dr. John R. Pharr, Charlotte; Dr. Frank E. Gilliam, Burlington; Dr. Thomas M. Hunter, Henderson; and Dr. R. E. Williams, Goldsboro, were most cooperative in their efforts to give this cause ample emphasis. Each district gave time and space on the program for a discussion of the school movement. The presidents of the various districts emphasized in their addresses the pressing need for dental education within our state. Every member became alerted as the result of district meeting efforts.

Upon returning home, these alerted members of our society found little difficulty in creating interest within outside organizations. And let no one belittle the tremendous influence of these groups in furthering our cause. Civic clubs all over the state sought the best available speakers to present the cause of dental education to them. They adopted resolutions; they sent letters to their Legislators; individuals contacted Legislators personally. Women's organizations, P.T.A. councils, schools, etc., were likewise active. In general, high schools throughout the state showed keen interest in this cause. For example, Greensboro High School and Gastonia High School sponsored mass rally meetings in an effort to create public sentiment favoring legislative action toward the establishment of a state dental school. In Charlotte, a group of interested laymen organized a lay committee to work with the local dental society. This lay committee, headed by Mr. Charles Brockman, was represented on different occasions before the legislative committee in Raleigh.

In short, it was the privilege of your committee to solicit the efforts of dentists from the National President, Dr. Clyde Minges, to the most obscure member of our society; and it was, likewise, your committee's opportunity to solicit aid among people of every walk of life; and not once did a committeeman receive a deaf ear to this worthy cause. For such whole-hearted and universal sympathy and cooperation, the committee collectively and individually express profound gratitude.

It is obvious that a personal recognition of each effort made cannot be given here, but one additional observation, your chairman feels must be included. Every dentist knows how strenuous has been the work of the dentist during the year 1948. Had it not been for the faithfulness and the efficiency of many dental assistants, quite a few dentists would have suffered an even tougher time. The assistants to the men who have been active in this venture have cancelled days' appointments on an hour's notice. They have placed those appointments somewhere, someway; and, paradoxically enough, they did it and kept peace between the patient and the dentist. The tempo with which our objective has been reached is due in part to them. We owe them, therefore, this recording of our appreciation. And the assistant to the chairman, in addition to the service above mentioned, kept a typewriter in her home. She spent nights and much of her time on Sunday's writing letters, typing radio skits, proof reading, and typing speeches and the like. This she has done for a year. And she has stoutly refused any remuneration, insisting that her efforts were all too small to give to such a worthy cause. Whether posterity shall observe little or much as having been accomplished by this committee, the efforts of its chairman was greatly facilitated by the unselfish and untiring labors of Miss Margaret Hudson.

But this report would be far from complete if it should fail to give some account of the warm welcome with which officials of the University received our efforts. It is true that they were in no position to go out and work for us, but they never failed to assure us of their joy in the thought that our people might urge upon our law makers to provide a school of dentistry for those of our young who would choose dentistry as a life's work. And more than this, their generosity in placing at our disposal the facilities of their News Bureau cannot be over-emphasized. If anyone should doubt this, he has only to review the great number of news items and editorials appearing in our daily papers throughout the state during the year.

Moreover, local papers and local radio stations have been wholeheartedly cooperative. They have given us more than we asked. In fact, they have requested of us that we give them more to print and more to broadcast.

Then, too, your committee felt a keen responsibility in helping to inform adequately our Legislators on the matter. Here, the head of the State Department of Oral Hygiene, Dr. Ernest Branch, came in with a very significant idea; he suggested that we name one dentist in every county to encourage all dentists in his county to write their Legislators.

Your chairman requested a copy of letters written as a result of this effort; and the number received was, indeed, gratifying.

The final proof, however, of the fervor for this cause is to be found in the reception it was accorded during its legislative journey. It received the blessings of a unanimous vote by the Medical Care Commission. It was welcomed by the Advisory Budget Commission. The Governor smiled upon it during his inaugural address. It received gentle treatment by the Public Health Committee and by the Appropriations Committee. And I am told that it drew no bitter debate before it passed the House and the Senate to become a law of our State.

From the foregoing, your Public Relations Committee feels that it can look on past accomplishments with justifiable pride—not pride in its own achievements, but pride in the knowledge that our people as a whole will rally 'round a worthwhile cause and give it the imeptus of life. But we would not stop by expressing our joy in the fruits of our joint efforts 'till now; for, indeed, the foundation has only been laid; and the challenge for prodigious labors is more pressing. Nay, the health and happiness, the better way of life to be derived from our past efforts are not yet.—
A. C. Current, Chairman.

DR. CURRENT: I move the adoption of this report.

(The motion was seconded and carried.)

DR. Z. L. EDWARDS: I would just like to make an observation. As a member of this Committee, the Public Relations Committee, I want to say that it has never been my pleasure to work and observe on any committee a chairman who has entered upon the duties with greater zeal and determination, and may I say enthusiasm and efficiency, to put this thing over, as did Ed Current. He truly deserves the credit because he simply would not let a member of his committee be still. He kept behind each man so much that he would feel ashamed of himself if he didn't respond.

So, I want to say it was a real pleasure to work with a man like Eddie Current, who is chairman of that committee. (Applause.)

DR. CLAUDE PARKS: I have the report of the Insurance Committee.

THE INSURANCE COMMITTEE

Your committee has received no complaints during the year of our Group Plan of insurance and recommends no change at this time.

Mr. J. L. Crumpton of the Commercial Casualty Company, with whom we are insured, reports \$19,384.42 paid out from May 1, 1948 through May 1, 1949.

Approximately seventy-five (75) members have joined the group during the past year.—Claude M. Parks, Chairman.

DR. PARKS: I move the adoption of this report.

(The motion was seconded and carried.)

DR. NEAL SHEFFIELD: This is the report of the Liaison Committee to the Dental Division of the Old North State Medical, Dental and Pharmaceutical Society.

LIAISON COMMITTEE TO THE DENTAL DIVISION OF THE OLD
NORTH STATE MEDICAL, DENTAL AND PHARMACEUTICAL
SOCIETY

Your committee wishes to report that in June 1947 the colored dentists who were members of the Old North State Medical, Dental and Pharmaceutical Society voted to become a separate organization to be known as the Old North State Dental Society. In June 1948, the following year, this dental group held its first annual meeting at A and T College in Greensboro, as a strictly dental organization.

Our committee was approached for clinicians for that meeting and in response Dr. T. E. Sikes, oral surgery; Dr. L. G. Coble, prosthetic dentistry; and Dr. S. P. Gay, periodontia; all of Greensboro, appeared on the program.

On May 26 and 27, 1949, the Old North State Dental Society will meet in Winston-Salem and we are glad to report that Dr. John A. McClung, prosthetics, and Dr. Thomas A. Blair, oral surgery, both of Winston-Salem, will appear on that program.

Officers of this new dental society report larger attendance and more interest in the meetings since they became a separate organization and that they have established an affiliation with the National Dental Association. The officers of the Old North State Dental Society have asked this committee to extend to the North Carolina Dental Society their thanks and sincere appreciation for the cooperation our group has given them.

This committee would like to recommend that each member of the profession cooperate to the fullest extent with the members of the Old North State Dental Society in aiding in the preparation of programs and appearing on programs of their local or state meetings and, if the occasion arises, we recommend that you consult with any of the members of this group on difficult cases and extend them a helping hand if you can assist them. We further recommend that the name of this committee be changed from the Liaison Committee to the Dental Division of the Old North State Medical, Dental and Pharmaceutical Society; to the Liaison Committee to the Old North State Dental Society.—Neal Sheffield, Chairman.

DR. SHEFFIELD: I move the adoption of this report.

(The motion was seconded and carried, together with the accompanying resolution.)

DR. D. L. PIDGEN: I would like to present the report of the Constitution and By-Laws Committee.

THE CONSTITUTION AND BY-LAWS COMMITTEE

In order to bring the by-laws of the North Carolina Dental Society into conformity with that of the A.D.A., your Constitution and By-Laws Committee approves the following change in our by-laws:

Strike out Section 1 of Article V of the by-laws, and substitute the following:

Section 1. The annual dues of this society shall be nineteen dollars (\$19.00) payable January 1st., for the ensuing year, twelve dollars (\$12.00) of which shall be apportioned to the American Dental Association as dues, as provided in Chapter XV, Section 10 of the By-Laws of the American Dental Association, and one dollar (\$1.00) shall be apportioned to the Relief Fund of the American Dental Association.

In Section 4 of Article V, strike out the words—"twenty-six dollars (\$26.00)," and amend to read "thirty-eight dollars (\$38.00)".

We could leave out the one dollar (\$1.00) to the Relief Fund and still be in conformity, but this was adopted a few years ago by our Society, and your committee feels that it would be nice to retain it.—Dr. D. L. Pridgen, Chairman.

I move that these amendments be brought up again at a subsequent meeting of the House of Delegates for final action. This procedure is permissible provided a 90 per cent consent is obtained.

PRESIDENT SANDERS: You have heard the motion that this report be adopted.

(The motion was seconded and adopted by the body.)

DR. J. MARTIN FLEMING: I am chairman of two committees. One is the Relief Committee. I make an oral report of that right now: That we have had no application for relief during the present year—not one, which speaks well for the financial condition of our Society.

Reporting for the Library Committee, I have endeavored during the year to keep our local library at Chapel Hill supplied with the different journals. As we come now to the broader aspect of this Library Committee, we hope to do more than we have done.

I will have to acknowledge that the Library Committee has been at more or less a standstill this year, probably on my account, and probably because we had gone as far as we thought we could go.

The report of the Receipts and Disbursements would come in with the Library and Historical Committee, too. This has been submitted by Dr. Chamblee of Raleigh who is the disbursing agent for that.

I'd like to say that that appropriation was submitted to the members of the Committee and they all decided that they thought that was best. These copies that we have stored away—the books are all right, but you know how the silver moths get into a book and stay for a long time, and we thought it was best to encourage the sale of those books as far as we

could so that the Society might get its money back. I suppose the Society has sold something over a thousand dollars worth of books, but the publications of the books cost the Society about \$2,500. We want to get back as much as we possibly can.

THE RECEIPTS AND DISBURSEMENTS ON DENTAL HISTORIES OF THE NORTH CAROLINA DENTAL SOCIETIES

May 1, 1948 Bank Balance	\$23.40
May 1, 1949 Bank Balance	23.40

We have on hand 328 copies of histories.

The Library and History Committee has decided to offer the Histories of the North Carolina Dental Society for three dollars (\$3.00) per copy to encourage the sale of these books to the younger members of the profession. The committee has also agreed to give 10% per book to the employed secretaries at the registration desk for these sales.—J. M. Fleming, Chairman.

FINANCIAL REPORT

NORTH CAROLINA DENTAL SOCIETY RELIEF FUND ACCOUNT

1948

June 1, Brought Forward	\$ 910.28
July 13, Sale Amalgam Scrap (collected at Asheville meeting)	12.05
July 31, A.D.A. (Christmas Seals)	581.18

Balance May 15, 1949	\$ 1,503.51
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Government Bonds—

9 \$1,000.00 Bonds; 1 \$25.00 Bond	\$ 9,025.00
(Maturity Value)	

TOTAL ASSETS	\$10,528.51
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First District	\$ 120.00
Second District	165.00
Third District	134.00
Fourth District	116.00
Fifth District	127.00

TOTAL	\$ 662.00
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There were no disbursements during the past year.—J. Martin Fleming, Chairman.

SECRETARY HUNT: I make a motion that the report be adopted.

PRESIDENT SANDERS: I expect it would be better if we would adopt this report separately inasmuch as it deals with the finances of our organization.

(The report was seconded and carried.)

DR. C. H. TEAGUE: Dr. P. B. Whittington asked that I make the report on the Military Affairs Committee.

THE MILITARY AFFAIRS COMMITTEE

This Committee has had a rather busy year. The most productive part of our work resulted in a substantial raise in the Veterans Fee Schedule effective March 15th, of this year.

There has been daily liaison efforts between the Veterans Administration and the Participating Dentists.

The Committee would, at this time, like to thank those of you who have been participating for the grand job you are doing for these Veterans. We urge those of you, who have not participated, to sign up and share your professional skill for betterment of dental health for the Veterans.—P. B. Whittington, Jr. Chairman.

I move the adoption of the reports of the Relief Committee and the Library and History Committee.

(The motion was seconded and carried.)

SECRETARY HUNT: Would you like me to give a financial report?

DR. FLEMING: I intended to say that the Financial Report is in the absolute hands of the Secretary and if he would amend by giving that report now I think it would follow all right.

I have just recorded that we had no application for relief this year, so our funds are reasonably intact.

SECRETARY HUNT: I will then read the financial reports of the committees.

MEMBER: I move the report be adopted.

DR. G. L. OVERMAN: The State Institutions Committee wishes to make the following report.

THE STATE INSTITUTIONS COMMITTEE

The State Institutions Committee wishes to make the following report:

The equipment in the Dental Departments of all our Mental Hospitals has been brought up to the highest standards. It is the committee's ultimate goal that every patient in our Mental Institutions receive complete dental service, and that complete case histories be kept and improvements due to dental care be noted and reported regularly to Hospital authorities. During the past year all Institution dentists have been invited to attend staff meetings.

This committee wishes to remind the Society of the outstanding and untiring service Dr. H. O. Lineberger has and is rendering to the State, as chairman of the State Hospital Board.—G. L. Overman, Chairman.

DR. OVERMAN: I move adoption of this report.

(The motion was seconded and carried.)

DR. OVERMAN: I would like to give the report of the Dental Caries Committee.

THE DENTAL CARIES COMMITTEE

The Dental Caries Committee wishes to submit the following report:

We feel that the individual dentists throughout our State are concerned now, more than heretofore, about the problem of dental decay; also that they are giving thought, as individuals, to its solution.

The committee is aware that the dental profession does not have or claim to have any known cureall and positive guaranteed evidence that we can positively and absolutely prevent dental caries on our own responsibility, with or without patient's help. It is our duty and responsibility to become acquainted with all that is good, dependable and all that might assist. We should tell our patients what is educationally sound, scientifically accurate and humanly possible. We still believe the individual relationship between the dentist and his patient is the best assurance for the patient's best health in mouth care and comfort.

We suggest that the dentists of our Society continue to study the value of proper foods with reference to good dental health; that the State Dental Society sponsor a semi-annual Bulletin the purpose of which would be to inform the public as to the best methods of preventing dental decay and the care of the teeth; that the State Dental Society also sponsor a statewide Essay Contest through the high schools of North Carolina on the importance of good dental health; and that the dentists of our Society continue to acquaint themselves through Seminars, or their equivalent, with new findings in regard to dental caries and so be on the alert to the end that eventually we may conquer this ever-growing menace.—G. L. Overman, Chairman.

DR. OVERMAN: I move this report be adopted.

(The motion was seconded and carried.)

SECRETARY HUNT: I will give a report or two that I have. The first is the report of the Program Committee for 1948-49.

THE PROGRAM COMMITTEE

1948-1949

During the past year the Program Committee has held three meetings with the Executive Committee:

1. July 11th, 1948 at the Sir Walter Hotel, Raleigh.
2. October 25th, 1948 at the Sir Walter Hotel, Raleigh.
3. January 23rd, 1949 at the Carolina Hotel, Pinehurst.

The work and activities of this committee is represented in the program which appeared in the last issue of the Bulletin.—R. Fred Hunt, Chairman.

SECRETARY HUNT: I move adoption of this report.

The motion was seconded and carried.)

SECRETARY HUNT: I have the report of the New Members, 1948-49.

SECRETARY'S REPORT ON NEW MEMBERS

1948-1949

First District—Dr. Alexander Clark, Fletcher; Dr. Walter Davis, Jr., Asheville; Dr. Tom P. Freeman, Lenoir; Dr. J. L. Geer, Rutherfordton; Dr. H. T. Sain, Morganton; Dr. R. B. Sams, Mars Hill; Dr. C. T. Wells, Jr., Canton; Dr. D. F. Hord, Kings Mountain; Dr. J. J. Hunt, Lattimore; Dr. H. L. Keener, Asheville; Dr. Phil M. Medford, Waynesville; Dr. Robert L. Bridger, Brevard, (Transfer from Fourth); Dr. Raymond T. Moore, Mount Holly, (Transfer from Fifth); Dr. Duncan M. Getsinger, (Transferred to Third).

Second District—Dr. L. V. Grady, Charlotte; Dr. B. P. Lents, Salisbury; Dr. Hyman H. Levine, Winston-Salem; Dr. Horace P. Reeves, Jr., Charlotte; Dr. Robert H. Libby, Charlotte.

Third District—Dr. John R. Wheless, Reidsville; Dr. Charles W. Horton, High Point; Dr. R. Bruce Warlick, Aberdeen; Dr. Thomas F. Kilkelly, Greensboro; Dr. A. Raymond Tannebaum, Greensboro; Dr. W. M. Pearce, Hamlet; Dr. Frank J. Malone, Jr., Prospect Hill; Dr. W. J. Edwards, Siler City.

Fourth District—Dr. Nash H. Underwood, Wake Forest; Dr. H. A. Todd, Whiteville; Dr. B. P. Marshbanks, Lillington.

Fifth District—Dr. Stewart Benson, Wilmington; Dr. Gladstone M. Hill, Wilmington; Dr. Alvah L. Hamilton, Jr., Morehead City; Dr. James Lee, Fremont; Dr. Wilbur Payne, Manteo.

First District	14
Second District	5
Third District	8
Fourth District	3
Fifth District	6
Total	36

—R. Fred Hunt, Secretary-Treasurer North Carolina Dental Society.

SECRETARY HUNT: I move adoption of this report:

(The motion was seconded and carried.)

SECRETARY HUNT: I also have one more report, the North Carolina Dental Society Financial Report as of April 4.

NORTH CAROLINA DENTAL SOCIETY FINANCIAL STATEMENT

April 4, 1949

Assets

Brought Forward	\$ 4,522.47
Invested in Government Bonds	9,250.00
Received From:	
First District	2,016.00
Second District	2,400.00
Third District	1,794.00
Fourth District	1,458.00
Fifth District	1,734.00
State Life Members	1,446.00
Miscellaneous	2,998.00
(Exhibit space sold, etc.)	
Relief Fund Collections	662.00
Total Assets	\$28,280.47

Liabilities

Telephone, Telegraph, Postage, Supplies, and	
Miscellaneous Disbursements	\$ 4,052.59
Paid A.D.A. for Membership Dues	6,186.00
Paid A.D.A. for Life Membership	1,434.00
Paid A.D.A. For Relief Fund	662.00
Total Liabilities	\$12,334.59

Cash in Peoples Bank & Trust Co.	\$ 6,695.88
Invested in Bonds (Purchase Price)	9,250.00

Net Worth\$15,945.88

—R. Fred Hunt, Secretary-Treasurer North Carolina Dental Society.

SECRETARY HUNT: I move adoption of that report.

(The motion was seconded and carried.)

DR. C. C. POINDEXTER: This is the report of the Prosthetic Dental Service Committee. This is more a supplement to the report read at Asheville in 1948.

THE PROSTHETIC DENTAL SERVICE COMMITTEE

Since this report deals with the work of the Committee last year 1948, this is more or less a supplement to the report made at Asheville last spring.

Out of forty-five laboratories that were invited to make application for examination looking toward accreditation, twenty-two were accredited.

To establish a workable plan, and one satisfactory to both groups, naturally required a lot of work and time. These efforts were worthwhile

and we have every reason to believe that the fine cooperation that these agreements have brought about tends toward an even better understanding and greater efficiency.—C. C. Poindexter, Chairman.

DR. POINDEXTER: I move adoption of this report.

(Motion seconded and carried.)

DR. H. O. LINEBERGER: I have the report of the Legislative Committee.

THE LEGISLATIVE COMMITTEE

The Legislative Committee worked with the Dental College Committee in presenting the legislation creating the Dental School, at the University of North Carolina, in connection with the Medical School.

Our Committee did not sponsor any legislation other than the Dental School Bill, but was called upon to oppose a Senate bill introduced by Senator Larkin, at the request of the Governor. This bill provided for the addition of a civilian member to the North Carolina State Board of Dental Examiners, along with all other Examining Boards in North Carolina.

A hearing was held on the Larkin's Bill on February 23, 1949. More than twenty dentists, from all over North Carolina, responded to the call. We were able to secure an unfavorable report on the bill. The members of the North Carolina Dental Society, who were present for this hearing, really saved the day for the professions. The Chairman of the Judiciary Committee, which held the hearing, stated that had it not been for the opposition of the Dental Profession, the bill would more than likely have received a favorable report.

Our Committee endorsed the Regional School plan, now being inaugurated in the Southeastern States.

North Carolina has been assigned places for the following Dental students:

Emory University—six students.

Medical College of Virginia—four students.

Meharry Dental School—eight students.

The Committee has cooperated with the American Dental Association Committee regarding National Legislation. We would recommend that the North Carolina Dental Society go on record as approving the legislature program of the American Dental Association.—H. O. Lineberger, Chairman.

(The motion was seconded and carried.)

DR. LINEBERGER: I move adoption of this report.

(The motion was seconded and carried.)

PRESIDENT SANDERS: Does anyone else have a report? (There was no response.)

Is there any business?

DR. DARDEN EURE: I make a suggestion that the Secretary in replying to those telegrams, send our friend Sandy Marks, who is a missionary in the Belgian Congo, a letter of some recognition at this meeting.

PRESIDENT SANDERS: It is a fine suggestion and I am sure all of us are in accord with this. I don't think it even needs a motion.

The Secretary will please take care of that.

SECRETARY HUNT: We wrote him when he first went over. We will be glad to do this also.

That reminds me, Mr. President, I don't find here in the Constitution and By-Laws any record of inactive memberships. I saw in the proceedings several years back where a man moved out of the Continental United States he could become an inactive member and would not be required to pay dues.

I don't know what the procedure would be, but Sandy Marks is over in Africa and this year his brother sends the dues, and I personally don't think we should charge Sandy. If there is any way we can get around it, I think his dues should be given to him as long as he is in the missionary service.

PRESIDENT SANDERS: I certainly think our House of Delegates would have the authority to act on this.

Do I hear any discussion?

MEMBER: I would like to make a motion that the dues be waived for Dr. Marks while he is in missionary service abroad.

SECRETARY HUNT: We have no power over A.D.A.

MEMBER: I second the motion.

PRESIDENT SANDERS: Is there any discussion? (There was no response.) If not, those in favor of this motion, please say "Aye"; opposed, "No". The motion is carried.

Is there any further business? (There was no response.)

If this completes our business, I will now entertain a motion for adjournment.

(Motion to adjourn was made, seconded, and carried, and the meeting adjourned at 5:45 p.m. o'clock.)

ESSAY PROGRAM

THURSDAY EVENING

The Thursday evening session of the Ninety-Third Anniversary Meeting of the North Carolina Dental Society convened at 8 o'clock, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: At this time I recognize Dr. H. O. Lineberger, who will introduce our next speaker.

DR. LINEBERGER: Mr. President, members of the North Carolina Dental Society, ladies and gentlemen:

Our next speaker is a graduate of the University of Louisville, which school he taught for a short time after graduation. From there he went into the Public Health Service and was head of the Oral Hygiene Department in the State of Tennessee. After serving there for some time, he was called back to the University of Louisville and served for some time there as the dean of that school. Now he is with the Kellogg Foundation.

I have known Dr. Blackerby for some time and those of you who know the Kellogg Foundation, of course, know he has a very important position there.

Dr. Blackerby was a very close personal friend of our good friend the late Dr. John O'Rourke and he had a great deal to do in a consulting way with Dr. O'Rourke when he presented his survey for North Carolina as to dental conditions here.

I notice that Dr. Blackerby has here, "What Lies Ahead?" I think that is a fine subject. Dr. Blackerby, I think it would be fine to speak to this group, but we who have had quite much to do (and that means everybody) is very much interested to know that same question — What lies ahead for us in our dental school and so forth. I hope Dr. Blackerby is going to solve all these problems for us.

I am very happy at this time to introduce Philip E. Blackerby of the Kellogg Foundation.

DR. PHILIP E. BLACKERBY: President Sanders, Dr. Lineberger, members of the North Carolina Dental Society and guests:

May I say first of all that it is a genuine privilege to be with you at this meeting and particularly so because of the fact that you are at this time honoring one of your most distinguished members.

Dr. Lineberger refers to the title of my talk tonight, and it occurred to me after I had sent Dr. Hunt that title that perhaps I was being unfair in two ways. First of all, several folks have asked me this evening just what predictions I am going to make and what I am going to discuss. Perhaps, in that sense, it may be unfair to you if I have used such a suggestive title for a talk. I assure you it will not bring any serious prediction with it.

From the other standpoint, so far as myself is concerned, I thought a little later, after having given Dr. Hunt this title, that quite possibly some of those who were reading the program might place the emphasis on those three words a little different than what I intended and see, "What Lies Ahead?" I shall attempt to avoid that also.

After having heard the splendid addresses this morning at your session by Senator Hunt and by Dr. Hillenbrand, I was somewhat concerned

as to just how I might approach my subject. The manner in which I had been planning to discuss these matters with you followed somewhat the same lines as those which have been presented by Senator Hunt and Dr. Hillenbrand this morning. I find it extremely difficult to follow in an effective manner such accomplished and such distinguished guests as you have on your program here, and particularly the outstanding speakers represented by Dr. Hillenbrand and Senator Hunt. I feel just a little bit in a position that I did some years ago when I was beginning my public health work in the State of Tennessee and had been invited by one of the Parent-Teachers Association in one of the smaller towns of that State to talk before the assembled P.-T. A. one afternoon. I accepted, not knowing at the time that I was a substitute speaker. When the time arrived for the Chairman of the Program Committee to introduce me to the ladies assembled there for the meeting, she introduced me somewhat in this way:

She said, "Members of the Parent-Teachers Association, we are glad to have you with us this afternoon. We were supposed to have a speaker for our meeting, but he was unable to come, so we have Dr. Blackerby." (Laughter.)

I have made an attempt during the course of this afternoon to change my approach just a little bit in order that there might not be any more duplication than is absolutely necessary in the remarks that I shall make with relation to those which have been made already this morning by Senator Hunt and Dr. Hillenbrand. There are several points on which I believe some further emphasis is justified, and perhaps if I do repeat at times, you will pardon me on that basis. I hope that Dr. Leabo, who follows me on the program this evening, will excuse me because of the lateness of the hour here, if I run over a little bit on his time.

I hope in the course of the next few minutes to discuss and to emphasize, if I may, certain of the points which I think require the concerted attention of all the members of our profession, not only in North Carolina, but throughout the United States, and perhaps the world. I say "attention" and I should like to go one step further in that regard and say "action." I believe you will all agree that a study of the problems which face us today is indicated, but that a study without subsequent or follow-up action is ineffective.

I should like, therefore, to summarize as briefly as I can certain of the factors that go to make up a problem in the field of dental health today, a problem which is inseparably related to the problems of general health which are facing our country today and which are receiving so much attention on all sides.

I should like for us to be perfectly frank in the beginning and accept the premise that the American people (and that includes the people in the State of North Carolina) are not getting adequate dental health care at the present time. I think it is an inescapable fact that we must face and take into consideration in everything we do in our professional activities.

I should like to list five factors that I believe might be considered as the contributing causes to this situation, the fact that we are not at the present time providing adequate dental health care for the people of our country. Those five factors, as I see them and as I shall list them very briefly, are:

First of all, lack of knowledge. A lack of knowledge on the part of people of this country as to the importance of dental health and the means by which it may be attained and preserved.

Secondly, lack of money. There is little question in the mind of any of you, but what money, financial condition, is a factor in this matter of keeping dental health care and general health care from a certain segment of the population of this country. They are unable to afford it.

A third factor is lack of personnel. A lack of dental personnel in this State is the factor, and I think you will agree that there are certain sections of North Carolina in which there is not sufficient dental personnel to meet even the minimum needs of the people of your State. There are equally many sections in other States of the country. They vary, of course, according to the geographical regions, but the problem exists nevertheless in practically every State or some parts thereof.

A fourth factor is a lack of balance in our professional service, a point on which I hope I may have agreement from you. I believe most of us will agree that, in the conduct of our professional services, the work that we provide for our patients in our everyday practice does have some lack of balance. For the most part, that is demonstrated in the fact that Dr. Hillenbrand suggested this morning—that there is an over-emphasis, an imbalance, if you may, on the side of prosthetic services, of terminal services—service for the adult and particularly for the older adult. We are facing a great deal of emphasis on that particular phase of dental practice, and I think it is perfectly clear to all, in view of the knowledge that we have for the prevention and control of dental disease, that our emphasis should be perhaps in the direction of care for children, more, I believe, than what we are providing today.

A fifth factor that I think may be important in this regard is the thing we have discussed to some extent today, and it presents a distinct challenge to North Carolina dentists as well as to dentists throughout the United States, and that is the lack of aggressive, positive leadership from the dental profession for meeting the problems that face us today.

I hope not to be misunderstood on that point. I think we have had excellent, unusually fine leadership from organized dentistry, so far as the affairs of the dental profession itself are concerned. I think we have had the benefit of the advice of experts on many of the problems that face us and that we are in a position to do a good positive job in our relationships with the public, but I believe many will agree that we have not yet taken as forward and aggressive and positive action to correct undesirable situations that face us in this country today so far as inadequate dental health care is concerned as we might.

Now to elaborate somewhat on these points that I have listed, the five factors which I believe contribute substantially to the existence of the problem that faces us today, namely, the lack of adequate dental health service for the people of this country.

I believe that we must do something about this problem. I think that we cannot approach it purely from a negative standpoint by saying that we oppose this or that. I think we must say, "We support" and "We stand for" this and that. We must defeat certain undesirable influences, certain undesirable programs and plans that come to our attention, such as those that are now being proposed in the Congress of the United States, but we must go farther than that—we must, as I see it, provide an alternative, a positive answer. Instead of saying only that we do not like this that has been proposed by non-professional personnel, we must find a positive answer and an alternative that will convince the people, not just the professions, the people of this country that we are in a position to show and to guide and to lead in the matter of solving these dental health problems that face not only us but the population in general.

I think we must be open minded; I think we must avoid being stubborn; we must not be negative—we must be positive. Dentistry must do something positive, we must have a strong, positive program that will help to meet these problems, just as strong as our defense against certain proposals and propositions that we know to be undesirable not only for us but for the welfare and health of the people of this country.

Remember, after all, that our responsibility as professional men involves teaching as well as serving. We are, as professional men, responsible for informing our patients, for teaching them and for providing the leadership that they must have because of their lack of knowledge and their lack of ability to provide that leadership for themselves.

Another reason, perhaps, why we must do something about this has been brought out very clearly in other statements made this morning—that is, to the effect that the initiative for programs, not only dentistry but in other fields, is beginning to come very definitely from sources outside the professions. Some of the bills introduced in Congress this year, as Senator Hunt told us this morning, have been introduced without any consultation whatsoever from the dental profession. It is obvious to all of us that that is unwise, unfair, and is not in the best interests of the American people, but it nevertheless is happening and that, as I say, is an example of another important reason why we, as the profession of dentistry, must do something positive about assuming the leadership and positive leadership for meeting these problems.

Now let us review very briefly just what is being proposed on various sides to meet some of these problems that we have concerned ourselves with for so long and about which the general public is becoming much concerned. Some of the things that have been proposed in bills that are now before Congress, or which have been before the Congress during the past year or two or three, have to do with the following general subjects

and definite action may be anticipated on one or perhaps all of these in the not too distant future.

First of all, the expansion of research. I think there would be no criticism from any of us if laymen, entirely independent of the dental profession, were to propose increased facilities for research to be made available. That is perhaps obvious, and the principle, at least, does not necessarily require the guidance and consultation of professional men. The method of approach, of course, is an entirely different matter. But in research, the National Institute of Dental Research, which has been authorized by Congress, the National Science Foundation, a bill for which is pending before Congress at the present time, are examples of activities in this field.

The second area is extension of Public Health Services and Hospitals. We have already, as you know, in the State of North Carolina, a rather extensive program in the field of hospital instruction and hospital service. We have also federal support from public health departments throughout this and other States, and it is likely, from bills now pending before the Congress, that sooner or later we will have additional support for the expansion of public health service throughout our country in order that all of the population may be reached by the services that those health departments can provide. We have now in the Congress a bill to provide for such support for school health services for various things, grants-in-aid bill, I believe, which will make it possible to grant funds of money to each of the States to expand their school health program as one phase of the total health project in the various communities.

There are funds for the establishment of more extensive demonstration programs in the various fields of health. Those are becoming an established approach to the propagandizing of the public and the professions by demonstrating how this or that procedure may work in a certain community, and then inferring that the same may be applied elsewhere, or perhaps everywhere throughout the United States. There are demonstration programs, for example, to touch on dentistry such as the tropical fluoride programs that are being set up as demonstration units in all of the States at the present time through grants-in-aid, through grant programs from the Congress of the United States.

A third type of project or bill which is being considered at the present time is that dealing in the support of professional schools. I think a few of us will disagree with the principle there, certainly, that our dental schools, particularly, are in need of much more support than they have received in the past, and I for one am very hopeful that we may secure support from this, support which is so badly needed for the stabilization of our existing dental schools and for the creation of new schools such as that which you are proposing here in the State of North Carolina. Those funds that are being proposed in this aspect are intended to cover, as I think you were told this morning, scholarships for students as well as funds for the support of facilities and the teaching programs in the schools.

A fifth area of considerable activity which I have not mentioned thus far, and on which I shall limit my discussion to a very few points, is that of compulsory health insurance. I don't think there is any question in the minds of anybody in this audience as to the undesirability, the impracticability of compulsory health insurance as a means of meeting the dental health problem in this country.

We may, some of us, think that the approach proposed by compulsory health insurance could be applicable, perhaps, in some other areas of the health fields. I don't think so, but some might go so far as to think there was some applicability there, but as far as dentistry is concerned, I can see no possibility whatsoever. It is entirely unreasonable and impractical, and I feel personally we have a much stronger argument against compulsory health insurance as a means of solving the dental health problem than has the medical a defense or answer or argument against compulsory health insurance as a means of meeting the medical care problem.

May I review very briefly what has already been done? It seems rather striking to me that during all the deliberations that we have had in the halls of our Associations and elsewhere, and particularly in more recent years in the Congress of the United States and in our governmental agencies about means of meeting these problems, and particularly in the last ten years about compulsory health insurance as a means of meeting these problems, that there have been perhaps unnoticed by some members of our profession developed programs which have affected tremendous numbers of people in this country that have been carried on, developed, expanded right under our noses, so to speak. Yet, we have gone along happily considering this other problem that seems so important and have forgotten all about what was being done right under our noses all along the way.

I refer, for example, to, in the early 30s, the program known as Federal Emergency Relief Administration, in which some twenty million people, even at that time, were provided with health services of one type or another through a federally established, and, to a large extent, federally controlled program.

Another is the Farm Security Administration, in which at least seventy thousand families in one thousand of our three thousand counties in this country were being provided with medical and, in many cases, dental services by the federal agency known as the Farm Security Administration.

Another example is the Crippled Children's Program which has ramifications and particularly, although it affects a relatively small number of children, represents in principle some of the things that we are fearing most and fighting most at the present time.

These represent a federal health program developed right along through the years as we were worrying about another bugaboo that seemed much more important than some of these smaller segments that, when put together, make up a surprisingly large whole.

The Vocational Rehabilitation Program is another example. A fifth is the Emergency Maternity and Infant Care Program, developed during the war to help provide necessary services for the wives and dependents of our soldiers and sailors. It was estimated that one in every seven births in the United States was taken care of by or through the EMIC, Emergency Maternity and Infant Care Program during the four-year period of the war, and that approximately \$130,000,000 was expended for this one program alone developed at the federal level.

Finally, as a last illustration of this type of activity that has been going on, is the Veterans Administration. All of us are familiar with that. It does form a striking example of a tremendously centralized federalized health care program that is being carried on to the extent that it affects perhaps nobody knows, I suppose, exactly how many people are directly or indirectly involved in the Veterans Administration Program. I have not one criticism for the principle. I am sure that all of us will agree that the care of our veterans is something that we owe every man who served, but it illustrates nevertheless the fact that a tremendous federal program can develop right under our very noses while we are discussing something else that we fear will come and that in essence is much the same on a somewhat larger scale.

I think it may be agreed (and if Senator Hunt is in the audience I think perhaps he will agree) that the issue is not so much a partisan issue today as it may have been in the past. I think there is considerable evidence that bipartisan sentiment is gaining in Washington and in other parts of the country for a national health program. I believe there is plenty of evidence on all sides that the two groups, let's call them Republicans and Democrats, are coming a little bit closer together in their understanding of the problem and their methods of meeting it.

I have a quotation from a report that circulates regularly from Washington, the Washington Report on the Medical Sciences, which I believe is considered a fairly reliable index of thinking and activity in Washington—not always, but is generally considered a reasonably reliable reporting medium:

“Bipartisan sentiment is gaining in Congress to provide the country with almost every weapon against disease that can be justified and paid for short of compulsory health insurance—preventive medicine, augmented funds for medical research, subsidization of medical and dental education, even clinical care itself.”

I believe, certainly, that those who are supporting compulsory health insurance and who appear to be on opposite sides from those who are supporting voluntary insurance plans are perhaps not as far apart as we may be inclined to think, and that the fact that they are relatively close together, with the exception of the word “compulsory” (if we may differentiate by that means) is a suggestion that we may be in more danger than we actually realize and that we cannot count too much on the dissension that apparently exists in the various parties representing the Government.

As a further illustration of this fact, I should like to quote a short statement from Mr. Oscar Ewing, referred to earlier today, the Federal Security Administrator, who has been the spearhead, you might say, of the President's program for compulsory health insurance and these various other approaches that have been incorporated on to this bill presented to Congress recently.

Oscar Ewing has said, "I hold with the admonition of Lincoln that it is the business of the Government to do for the people what they as individuals cannot do for themselves."

I think that if Mr. Ewing himself were to interpret that philosophy literally he would agree that it is not meant that every person in the United States must receive care at the hands of the Federal Government, if there are only 20 per cent, let's say, who need that help from the Government.

As I say, that fits in somewhat with the philosophy of those on the opposing side who hold with the voluntary insurance principle which, as we see it today, as it is proposed in the Congress, is intended primarily to support the needs or to meet the needs of a fraction of the population—those people who are unable to provide voluntary insurance themselves and cannot pay the premiums. So, perhaps they are not as far apart as we think. There is something on both sides and on each side for the extension of health services. The method may be somewhat different.

I should like to point out further that, so far as dentistry is concerned, there seems to me little possibility, no possibility, practically, that dental care in the dental health problem can be met by the voluntary insurance principle. It just doesn't fit. Dental disease is so universal it occurs in every individual, practically, and certainly we can say that every individual adult and child in the country needs dental attention from time to time. It, therefore, does not lend itself to the principle of insurance which is intended to spread risk over a large segment of the population and involves only certain casualties at a time among that small part of the population in which such casualties are occurring, casualties, in this case, referring to illness, hospitalization, surgery and those things that are unexpected and entirely different from what we have in the case of dental disease where we can predict pretty well just what the needs for this or that individual patient will be from year to year.

We cannot, therefore, as I see it, depend at all on the voluntary insurance method or principle to meet our dental health problem in this country. We cannot, therefore, hang back, as we have seen some of our colleagues do, particularly in the medical profession, and say, "We want voluntary health insurance, not compulsory." That is not our answer, as I see it.

We must have a different and a positive, aggressive, program, and an answer that is not being offered by someone else, but is developed by the dental profession to meet the dental health problem of our people.

It is possible, for this reason, that we may have a little bit more period of grace than we had anticipated. I do not want to raise any illu-

sions or develop a false sense of security, but I think perhaps the politicians and those who have professed to know so much about medical and dental care problems of this country, are not quite so sure that they know the answer to the dental care problem, and it may be for that reason that we will have a little more time to think, to study, to analyze, and to find a real solution that we can offer rather than have offered by the politicians or non-professional people who do not know what a right and scientific answer can be and should not be expected to know.

Our responsibilities, then, as I see them, to summarize, are to provide active, aggressive leadership. Let's keep in mind that in spite of the fact that the American Dental Association is providing guidance and leadership and help for us, the American Dental Association must, to be consistent in its policy, not dictate to the local community or even to the State. It must depend upon us in our own communities and in our own States to develop the method to meet the problem that exists peculiarly in that community or that State. They will help to the extent (and they have helped to the extent) of laying down certain principles and of declaring what they consider to be a good immediate plan of action as they have outlined through the House of Delegates, through the Council on Dental Health, from the other agencies of the A.D.A. and have printed on the pages of our Journal, a general plan, general principles, a guide for all of us. But the American Dental Association cannot be and should not be expected to develop the method that will be applied in your community and mine. We must do that.

We, in our communities, being the only dentists there, are the only persons who are in a position from a standpoint of knowledge and experience to determine, with the help of our colleagues, our friends, and the general public, just what is the best method to meet the problem in our own community.

To summarize, I suggest that we keep in mind in our efforts to find answers to the problems in our own home communities, working closely with our State Association, working closely through that State Association with the American Dental Association, I suggest we keep in mind these few steps, that we may find logical approaches in our own communities.

They may be the same in North Carolina and Tennessee or Kentucky—they might not, but certainly we cannot depend upon the American Dental Association as a national agency to find the solution to the problem as peculiar as it may be in our own particular community. These steps, these procedures, in a general way, may help to amplify the approach that I think we must make in our own communities to meet this problem.

First of all, we must make, in whatever way suits the needs in our communities, preventive measures available to every child. We cannot afford, we cannot justify having the knowledge that we have for the prevention and control of dental disease in our hands, in our heads, without making that knowledge available to the children of our communities. That is our professional obligation and we cannot escape it.

Secondly, we must, so far as it is possible, swing the dental practice emphasis to child care instead of terminal services. We must, so far as possible, not allow ourselves to devote most of our time to the care of adults, in particular, older adults, when there is an outstanding need for service for children in our communities.

Third, we must develop a plan in one way or another that will fit our own community to spread the cost of dental care so that those who are at the lower levels can find a way to pay a bill of \$50 or \$100 or \$150—whatever it may be—without having to pay it all out at once, a thing they can't possibly do in many cases. Perhaps a post-payment plan, the type in operation in a number of our cities, may be an answer in your community, in which the cost can be spread with the help of a lending agency in the community.

Fourth, we must increase not only the numbers but the efficiency of our dentists, and we must also increase the use of our auxiliary personnel. I think we can increase the efficiency of dentists and dental practice to a considerable extent by using auxiliary personnel more than we have in the past. That has been shown clearly, but, in spite of that fact, we still have a great many dentists who are not using hygienists or assistants and who are, I am sure, not able to take care of as many patients under those circumstances as they would otherwise.

Five, we must support and extend public health programs. The fine program of oral hygiene that you have had in the State of North Carolina for many years is outstanding. It deserves your support and I am delighted to know it has received your support consistently throughout the years. I have had the privilege of personally knowing Dr. Ernest Branch for a number of years and I have benefited a great deal from his guidance and advice.

Sixth, we must make dental care available to indigents. How that may be done in your community I think can best be answered by you and the other citizens of your community, but it must be done. We cannot expect the 20 per cent or the 10 per cent or the 5 per cent of the people in our community and mine who are unable to pay anything for dental care to go without it entirely. Perhaps a tax supported plan is necessary for that—I leave that to you. But we must not ignore the fact that there are in each community people who cannot afford to pay anything for dental service and particularly children in that category.

Finally, in summarizing with a general statement about this particular point, I should like to say that every dentist should be a recruiting officer. Every dentist should make it his goal to recruit at least one other young man in his community or among his acquaintances to become interested in dentistry and to make dentistry his choice as a career. Perhaps the same thing applies to dental hygienists and others of the auxiliary personnel. Dentists themselves are the greatest influence in guiding young people into the career of dentistry or out of it, as the case may be.

I will conclude with an illustration. I think all of us are cognizant of the fact that times change, that things are not the same today as they

were a few years ago, and that change is a normal social evolution, social process. We don't expect things to stand still. We can't, in our own profession, be content with the "status quo." We must expect and anticipate and plan for changes that are to come as a result of changes in our general population, our social concepts, and so forth. We cannot afford to stand back and say, "We like it this way, we don't want to change—we are going to keep it just as it is. You folks go along in your progress, but we are going to stay just this way."

We don't believe or practice it, but there is a tendency of that kind. Let's keep in mind the fact that we must progress, we must adjust ourselves to change just as others in our community do the same thing.

I think we can remember that this is true and will continue to be true when we look back over the last few years and see how things are different from what they were. To illustrate, there was a young lad who had a knack for working with tools and using his hands, and he had at an early age carved himself a boomerang. He had become interested in this kind of a toy and he did a very good job of making one of his own there at home. After he completed his boomerang, he practiced with it and he got better and better. Before long his father began to notice that this boy had quite a talent. He was not only good at his carving, in making it, he was also good at using it. The father thought the youngster deserved encouragement and said to himself, "I think I ought to buy him a real honest-to-goodness store bought boomerang." So, he went and bought a real nice beautiful boomerang that came from Australia and brought it home and presented it to his boy.

He said, "Son, you have done so well with this home made boomerang you made, I am so proud, I think you have done so well, I thought maybe you'd like to have a real one, so I bought you one."

The little boy was delighted, but unfortunately, the youngster went crazy trying to throw the old one away.

(Laughter.)

PRESIDENT SANDERS: Thank you, Dr. Blackerby, for your most interesting discussion of this all important subject.

I will now recognize our Secretary, Dr. Hunt.

SECRETARY HUNT: You might be interested to know our total registration at six o'clock ran up to 763 members. I believe by this time tomorrow night we will have recorded the largest membership attendance in the history of the North Carolina Dental Society.

PRESIDENT SANDERS: The Chair now recognizes Dr. Franklin Bumgardner, who will introduce our next speaker of the evening.

DR. FRANKLIN BUMGARDNER: Some thirteen years ago, it was my privilege to attend my first meeting of the Southern Academy of Peridontology in Asheville. It was at that meeting that I first heard Dr. Walter Leabo.

Since that time, I have utilized a number of points that I was able to pick up from that meeting, and, since then, I have heard him on several occasions and he always brings some fine practical and conservative points in good periodontia, especially for the practical man.

He is, of course, a member of the American Academy of Periodontology and has been honored by his home state society by serving as President of the Louisiana State Dental Society, and is a special instructor at Loyola University. He has contributed much in the field of periodontia.

It gives me great pleasure to introduce Dr. Walter Leabo of Shreveport, Louisiana.

DR. WALTER LEABO:

PERIODONTIA: WITH EMPHASIS ON SUB-GINGIVAL CURETTAGE

Not too many decades ago the attitude of dentistry toward what was then called "pyorrhea" or more specifically "pyorrhea alveolaris" was one of definite discouragement. There was little interest manifested, and the tendency was to brush the condition away upon the grounds that it could not be "cured" and therefore treatment was useless. Few graduates had received even the most superficial instruction in the etiology and treatment of the disease. There was much confusion in methods of treatment. Germicides of all kinds were in use based upon the theory that "pyorrhea" was a specific bacterial infection; thus vaccines both stock and autogenous were tried. Emetine and epicac had their day, its users believing that the amoeba of dysentery was the provocative organism. All of these methods proved useless, but nevertheless added to the general confusion.

Fortunately there was a solid foundation upon which to build in approaching the problem. Riggs had expounded and demonstrated to be practical principles which formed the basis upon which periodontia has developed, and we have gradually arrived at an acceptance of basic ideas and practices which are not at all new, but which over the years and by improvements in technique and histological research, have proven their definite value in helping solve the endless problems of preventing and eliminating periodontal disease.

In a discussion of periodontal problems affecting the profession and the patients, it sometimes becomes necessary, unfortunately, to be critical of the attitude of many toward the subject; and of the prevailing philosophy as to the objectives of dentistry. Criticism is not generally gracefully accepted, even though one knows deep in his consciousness that it is just; however when criticism is justified it should and possibly will become constructive to the end that we recognize the need to improve knowledge, technique and develop a more effective approach to the problems of saving teeth.

The basic objective of dentistry may be stated as that of saving teeth from destructive dental disease and restoring teeth which have been lost. If caries was the only destructive disease causing the loss of teeth, we could even now lay claim to having accomplished a major portion of our

objective. However, until such time as we are willing to devote an equal amount of effort and energy toward the prevention and elimination of periodontal disease, which we have every reason to believe destroys more teeth over the life span than caries, we have a difficult task in maintaining our position as one of the two great healing professions, medicine and dentistry. If our knowledge of the etiology and treatment of periodontal disease was at the level of forty years ago, there would be some excuse for patients being unable to obtain adequate preventive and arresting service, but such is not the case. So much constructive progress has been made, backed by histologic research and acceptance of basic principles of prevention and treatment that results may be obtained, tooth for tooth, equal to methods of saving teeth from decay. The difficulty seems to be that as a whole the profession is not availing itself of the knowledge which it has, with the possibilities of treating and eliminating many of the periodontal conditions which are either ignored or else allowed to progress due to inadequate or ineffective methods employed.

A consideration of the above leads to several important questions:

(1) Just what is the periodontal problem? and why do we consider it so much of a problem?

(2) Is periodontal disease curable? Can it be prevented? Can it be controlled?

(3) By what means are we to cure, control and prevent?

(4) Is the treatment so complicated and technical that it is necessary to refer all cases to specialists?

(5) Is it possible to practice conservation of tooth structure alone and ignore the prevention of periodontal disease and its treatment? Can we live to our claim of being engaged in the saving of teeth for humanity, and pay attention only to caries?

(6) Can the problem be solved by the removal of overlying connective and epithelial tissues (gingivectomy) or other means of destroying these tissues?

(7) Are present methods in the large majority of practices sound and thorough as to prophylactic or other preventive measures, and what is our responsibility in this connection?

(8) How can we as general practitioners of dentistry improve the situation to our satisfaction and to the betterment of our patients?

These and possibly many others constitute important questions, and may be the reason we have so many essayists and clinicians on the subject in the hope that there may be some method described which does not require too much time and effort in their solution. We do have the answers at least in a measure to most of the questions mentioned and the time has come when we must accept the responsibility of this problem in the general practice of dentistry. Invariably an essayist is asked by the program committee to give something that the average dentist may find useful

and be able to use in his daily work. This would imply that there may be some method of treatment applied by the specialist, and others more simple for the general practitioner. This is not the case. The pathology, etiology and treatment of periodontal disease as it is known today is the same for all, and there is no panacea by which the many variations of gingivitis, horizontal bone loss and intra bony pockets may be solved. We have been intrigued by many clinicians emphasizing surgical operations for advanced lesions, and many go back to their offices and attempt to apply these procedures to all forms of periodontal disease, even gingivitis and simple hypertrophies, to the discomfort and sometimes mutilation of the patients' tissues. It is well to apply here the age-old adage of getting the cart before the horse.

That the problem of periodontal disease is a serious one for both patients and ourselves few would dispute. The enormous number of teeth lost from the destruction of alveolar supporting bone in middle and later life brings us face to face with the fact that we must do something about it if we are to hold our position as a profession whose object is the conservation of human tissues, and thousands of sincere and conscientious members of the profession recognize these facts, but at the same time it must be admitted that the attitude in the past toward this phase of dental practice has not produced results which are essential, and which many know can be accomplished.

It is a difficult problem for the busy and successful operator to be called upon to do or to properly supervise thorough prophylaxis in its varied requirements, to say nothing of the expenditure of time in the eradication of various forms of gingivitis and of the simpler periodontal lesions, with the accompanying instructions in adequate oral hygiene and adjustments of occlusal trauma. These are some of the major reasons why periodontal disease is so much of a problem. The answer lies in the determination to *give* the necessary time, to inform ourselves as to the fundamental pathology and treatment and to be as adequately *compensated* for the time spent and services rendered as though we were fabricating and inserting for patients the more concrete and visible structures such as fillings, inlays and bridges. In the practice of dental medicine, periodontal disease and its treatment constitute one of the major objectives; and do we not like to think of ourselves as practicing dental medicine?

In considering the question of whether periodontal disease can be cured, neither yes or no fully answers the question, since each answer may be correct depending on interpretation. Periodontal disease is undoubtedly to be classed as a degenerative process and not an infective one primarily, and comparable in its relation to the supporting dental tissues, to the degenerative diseases affecting many other organs of the body, such as pancreas, kidney, heart and circulatory systems, nerve, muscle and joint tissues, etc. Many such tissues suffering from degenerative conditions may be restored to health or relative health and function, yet the word cure is hardly applicable in all of its implications of complete freedom from further trouble. On the other hand the word "no" is a dogmatic denial of all of the facts, scientific, clinical and demonstrated in

numerous cases where tissues have been restored to health and maintained over the major portion of the life span. The word cure should be used with caution, in fact there is no need to use it in patient relations. If patients are seeking a permanent cure, talk to them in terms of re-establishment and maintenance of relative health and the preservation of the dental tissues for as long a time as possible. They will go along with you just as readily as if the picture was painted in more rosy colors. Most forms of periodontal disease can be treated successfully unless the destructive processes have advanced into vital areas such as bifurcations and apical areas. Even in these cases some remarkable results have been obtained.

Forty years ago there was some excuse for the use of the term "pyorrhea", "pus pockets, and bleeding gums," each apparently intended to denote a different phase of tissue degeneration. With the present knowledge of oral pathology, how can the use of such terms now be tolerated? How is it possible for the young graduates who have had so many advantages in the study of oral pathology, which the older men did not, to continue to use such non-scientific and it might be said un-professional terms to patients. It could be interpreted as an approach to the problem in such a manner as to immediately alarm or at least discourage the patient in any serious effort to eliminate periodontal pathology other than by extraction. It seems the first impression the layman receives in all too many instances is one of "pyorrhea, pus, hopelessness." If the profession generally knows this to be the truth, then criticism is certainly justified and we should do something positive and constructive about it. Nearly all clinical and radiographical conditions of the alveolar bone, connective tissues, epithelium and cementum have simple and descriptive names to designate the type and degree of inflammation, infection and degeneration. There is some latitude in the use of terms and not all pathologists are in accord, but even so the terms in use should exclude the use of "pyorrhea, pus pockets and trench mouth." From the word "periodontia which means literally pertaining to the tissues and structures around or surrounding the teeth, is derived the various descriptions of the pathology present in these structures such as periodontitis, pericementitis, periodontosis, etc. Only a little effort is necessary to classify these various conditions. It is very much better to inform patients that they have a chronic, or sub-acute gingivitis than to tell them they have "bleeding or soft gums."

Specialists can never alone solve the problem of periodontal disease for either the profession or patients. It is not possible for the general practitioner to refer all of his patients needing care. They are too numerous, and the problems too closely associated with practically all of his other activities in the practice of dentistry. It is necessary to diagnose and treat as many phases of periodontal disease as possible if patients are to be properly served. Treatment is not so complicated or technical as to be beyond the skill of the average good operator. There is no good reason why any dentist who can do fillings, inlays, or bridges cannot likewise do good instrumentation in the simple surgery essential to the elimination of periodontal pathology.

Orban has stated that 85 per cent of periodontal disease is of local origin. This statement will produce little argument, and therefore it becomes evident that we are concerned largely with the local factors existing in teeth and around teeth which will produce pathology in the surrounding tissues. These may be classified very simply as mechanical, chemical and bacterial. There is no need to go into detail as to these agents. They are known generally as trauma, open contacts, calculus, food accumulations, secondary infection, etc. It does not matter how many sources of irritation have been catalogued in our minds, the important thing is to determine by observation and experience what the factor may be causing the local or general inflammation or tissue destruction. Classified under the heading of mechanical irritation is excessive stress or trauma delivered through the tooth to the supporting tissues, commonly called traumatic occlusion. The importance of trauma as an irritating factor in producing periodontal destruction has not been exaggerated. It cannot be ignored if any degree of success is to be obtained in the treatment of many types of periodontal disease.

Chemical irritation is usually considered to be the result of fermentation and putrefaction of foods, lodging around and between the teeth in contact with the gingival tissues. The soft concentrated carbohydrates which constitute such a large part of modern diet are the worst offenders. This carbohydrate accumulation is one of dentistry's worst enemies in the production of caries as well as inflammations and secondary infections of the gingival and underlying tissues. After diseased tissue has been surgically cleaned, it becomes the responsibility of the patient to keep the dental tissues free of such accumulations, but only after most careful and detailed instruction by the dentist himself. That is our responsibility. There can be no compromise here if health is to be maintained.

Bacterial irritation, and destruction of tissue is usually secondary to the establishment of inflammations, the result of other forms of irritations. Acute infections in the form of abscesses, usually the result of streptococci or staphylococci activity, must be treated by the usual methods, but generally speaking organisms play but a secondary part in periodontal disease. The surgery of the tissues, sub-gingival curettage or gingivectomy accompanied by the removal of the irritating factors, will take care of infection in practically all cases, without resorting to the use of drugs or germicides. There is a belief, based upon clinical observation that Vincent's infection may be more successfully and rapidly eliminated by careful removal of retention pockets and debris by curettment than by drugs and medication.

Periodontal disease which is produced by other than local causes may be the result of diabetes, tuberculosis, syphilis, nutritional deficiencies and metabolic imbalances. There is not time to go into detail as to the symptoms of these conditions, however, the matter of nutrition and nutritional deficiencies is so closely associated with all forms of degenerative disease that it must receive attention. Dentists are frequently consulted by patients as to what role diet or food may play in their oral pathology. This is an indication of what is expected of us by those who place confi-

dence in our knowledge, and we should be able to fulfill this obligation. Learn all you can of the subject for your own benefit as well as that of your patients. It is interesting to observe the gradual turning toward better and sound nutritional programs in the treatment of the rheumatic group of disease, rather than relying upon the elimination of focal infection to produce results.

Nutrition in all of its phases, at first glance, might appear to be an exceedingly complicated subject. There is much to be learned, and endless study may be given to the subject, such as the elements contained in the many foods available, the treatment and fabrication of many natural foods, even including meats and milk prior to consumption, the mineral content of the soil upon which the foods are grown, and the seasonal variations. While it is well to be informed as to these factors, there are simple facts and principles involved in feeding the human animal which should be more universally understood and practiced. The very fact that there seems to be such a need for vitamine administration is an admission that nutrition is deficient.

Periodontal disease, particularly in very young people, such as diffuse alveolar atrophy, is generally believed to be due to nutritional indiscretions, imbalance and deficiencies. We seem to be pretty well agreed that the excessive consumption of carbohydrates in the form of white sugar and white flour is responsible for dental caries; at least this is the best solution yet offered. Is there any reason why we should persist in using the concentrated carbohydrates made from demineralizing and devitalizing such fine natural foods as wheat, corn, sugar cane, sugar beets, rice and practically every cereal nature has produced and which is capable of fabrication? To do so certainly reflects little credit upon the profession of medicine and dentistry, which are presumed to take the lead in teaching the fundamentals of health in the human animal. Dentistry definitely has its obligation in this respect. It is dealing directly with at least two degenerative diseases which are believed to be due to nutritional errors, refinement of foods and the resultant starvation of vital parts of the human body of vital elements.

What should patients be taught in matters of nutrition? Basically it is the use of whole wheat, whole corn, natural rice, whole grains of all kinds, meats, fish and sea foods, eggs, vegetables, fruits, milk and generally all natural foods, but definitely not the fabricated and refined foods created and packaged by so many food manufacturers. Of course, there are many other considerations, but it is hard to believe that nature creates a human animal and then complicates the problem of its nutrition as to make it extremely difficult to maintain life and health. We are responsible for complicating the situation. We have gone to extremes in the refinement of nearly every type of food which permits such processing, resulting in the removal of many, if not all of the mineral and vital elements. We apparently condone this system since we accept it without criticism, and then resort in desperation to the administration of the vitamins, which are in most instances made directly from the elements extracted and discarded from nature's foods in the processing and fabri-

cation. This has been called the "take and put" system. It will not work except as an emergency measure.

To summarize the nutritional problem, such quantities of high carbohydrate concentrates are presently consumed in the diet of modern man, that the vital nutritional elements are largely eliminated, with the result that many tissues of body suffer materially, and general malnutrition occurs, with clinical symptoms of degenerations very difficult to account for or to overcome.

Occlusal trauma and its correction is one of the major factors in the prevention and treatment of periodontal disease, and is an important element in every phase of prosthetics, from the planning of an inlay to the articulation of bridges large or small. The stability of each individual tooth, and the status of the surrounding alveolar bone and periodontal disease, and is an important element in every phase of prosthetics, from the planning of an inlay to the articulation of bridges large or small. The stability of each individual tooth, and the status of the surrounding alveolar bone and periodontal membrane is directly affected by the angle and degree of stress applied to the occlusal area of the tooth. In the case of removal bridges torsion and twist often results in the rapid loosening of teeth carrying clasps, with a widening of the pericemental space, and followed quickly by a complete breakdown of the surrounding hard tissues. Very slight pressure is required to move and shift teeth in alveolar bone if the force is continuous. This is the principle utilized in the movement of teeth in orthodontics. It is quite necessary, therefore, that the pressures exerted upon teeth and conveyed to the supporting tissues be delivered in such a direction as to tend to stabilize the tooth rather than to drive it against the lateral bony walls.

The importance of recognizing and correcting occlusal trauma has been accepted for many years, yet the obtainable information as to technique has been most confusing. There is a scarcity of published literature upon the subject which is sufficiently specific to be of much practical value to most dentists, and consequently there has resulted considerable mutilation of teeth, flattening of cusps and occlusal surfaces, often without relieving the strain upon the periodontal tissues.

More or less recently the determination of centric relation in natural dentures has become the starting point from which occlusion is to be corrected. As the mandibular teeth are brought upward and into contact with the teeth of the maxilla, frequently certain cusps of molars and bicuspids contact prematurely, necessitating the sliding of the mandible slightly to one side and forcing the tooth or teeth in premature contact to one side before the remaining teeth may come into articulation. This results in what has been called an acquired relation rather than the true centric, and it is obvious that the teeth in premature contact are subject to severe displacing stress.

The detection and grinding for correction of premature contacts is not readily described in a general essay. It is accomplished by some operators by the use of carbon paper, bringing the mandibular teeth

upward gently time after time and noting the markings. Others use bite-wax, observing where the wax is first penetrated, and relieving accordingly. It is a matter requiring great attention to detail and careful observation. With the removal of premature interference of cusps, lateral and protrusive contacts must be adjusted for, and this is a matter of careful observation of the cusps and planes involved. With thin carbon paper between the upper and lower teeth, the molars and bicuspsids may often be seen to move laterally as the teeth are tapped together, and thus as the patient is asked to rub the paper between the teeth even more lateral displacement is seen. The upper anterior teeth are often noticeably driven forward as the posterior teeth are brought into contact. These displacements must be corrected by carefully testing and carefully grinding. The flattening of cusps and occlusal surfaces of molars and bicuspsids is not necessary. The buccal cusps of the uppers and the lingual cusps of the lowers may usually be reshaped in such a manner as to eliminate lateral displacement and to place the stress in the long axis of the tooth. Obviously, again, the technical details can be touched upon only in a general way at this time. Whatever effort is required to improve one's knowledge of occlusal trauma and its correction is time well spent, since it affects so many phases of dental practice.

The possibilities of improving aesthetics in anterior teeth by grinding for symmetrical lines should not be overlooked. Elongated teeth may be shortened, square and sharp angles may be rounded and irregular incisal edges smoothed. Patients should not be left with these deformities when a few minutes with a stone can do so much to improve the appearance of the teeth.

Diagnosis of periodontal disease and its classification depends upon examination of the dental tissues clinically and radiographically. From a practical approach there are two classifications, namely a horizontal involvement of the supporting tissues, and secondly a vertical destruction of bone which usually involves teeth in isolated positions and extends toward the tooth apex. The horizontal type of disease may have one or more teeth involved with vertical lesions or pockets, and this must be considered in diagnosing the case and planning treatment. Any redness, congestion or discoloration of gingival or interproximal tissue may be considered as clinical evidence of disease, and its elimination planned for and not just tolerated until something worse develops. If the radiographs indicate only a slight involvement of the alveolar tissue, it is evident that only a gingivitis exists, which can be eliminated by the removal of all causes of local irritations and by a complete revision of the patient's methods of oral care. Gingivitis may have origins which require attention to systemic and nutritional conditions, such as diabetes, pregnancy or vitamin deficiencies; but, even when such conditions are believed to be causative or contributing factors, the usual removal of local irritation and institution of good care by the patient is always indicated. In fact any form of gingivitis, acute or chronic, and this includes ulcerative or Vincent's infection, is immediately improved by the removal of sub-gingival calculus and soft debris, consisting largely of carbohydrate accumulations.

Having determined that some form of periodontal pathology is present, the method of treatment to be used is the next consideration. It is accepted that the object of treatment is the removal of irritations which produce inflammation in the tissues surrounding the teeth. Assuming that occlusal trauma has been corrected and that a sound program of oral care has been taught to the patient, the next consideration is the operative or surgical measures to be used. In any method of treatment or operation upon the periodontal tissues it is certainly desirable to conserve all tissue possible consistent with the elimination of irritation, inflammation and a return of the tissues to health. Two principle operative measures may be used, sub-gingival curettage and gingivectomy. Sub-gingival curettage is frequently referred to as conservative treatment, while gingivectomy is often called "surgery" or the "surgical method." This is an unfortunate conception of the treatment of periodontal disease. Surgery in the broad sense of the word is definitely essential in the elimination of the periodontal lesion, but it may be conservative surgery or more radical surgery. Sub-gingival curettage is just as truly surgery of the tissues operated upon as though tissue is excised as in gingivectomy. Sub-gingival curettage is in fact an operation requiring far greater skill and effort than that of the excission of gingival tissue, but its use in the treatment of the vast proportions of various forms of periodontal disease is so necessary and essential that as a method of treatment and operation it should receive first consideration.

Beginning with the ordinary procedure of prophylaxis, it is necessary to carefully explore the gingival crevice and remove by a sense of touch the calcic contents and other debris. Progressing to the inflammatory conditions of the gingivae with some detachment of the peri cemental tissues, it is likewise necessary to accomplish the same objective. From that stage it is only a step to the curettment of the detachments of from one to three millimeters. With the complete removal of the contents of the lesion or pocket, the calcic deposits on the cementum, the breaking up of the epithelial lining and the flushing with free hemorrhaging, the healing of the tissues is often startling. This operation is the very foundation of periodontal treatment, even in the execution of good prophylaxis. The detachments of periodontal membranes in shallow lesions are so numerous and it is so essential that they be eliminated that no other operative method is so universally applicable as sub-gingival curettage.

It has been said that gingivectomy is the operation of choice in the elimination of periodontal lesions because it enables the operator to see the calcic deposits and thus better remove them. This statement cannot be accepted as essential in the surgery of periodontal detachments. Every operator knows that in giving prophylaxis, very few if any of the sub-gingival deposits are seen, and that a sense of touch must be relied upon. The problem is to develop one's skill in doing sub-gingival curetting. It is necessary to remove calcic deposits on cemental surfaces which cannot be seen. It does not seem logical that we must remove overlying connective tissues merely for the purpose of having better vision of the cemental surfaces. In the operation of the deep and extensive vertical lesions, sub-gingival curettage may first be used, observing the result

and later determining whether it is necessary to resort to excision in case overlying connective tissue fails to contract or remains loose and unattached. This usually is a very simple thing to do, and is followed by placing a medicated cement pack over the area excised. As the operator's skill increases, however, in the use of sub-gingival curettes there are fewer cases where it is necessary to resort to excision. There is far more reason for excision in posterior teeth, molars especially, than in anteriors, where every effort should be made to eliminate the lesions with the least loss of gingival and connective tissue.

The statement has been made and is widely accepted that sub-gingival curettage is not as effective as gingivectomy in very advanced areas, where the operation removes the overlying tissue to the base or bottom of the pocket at or near the alveolar bone. This cannot be accepted as a statement of fact. Experience has shown, and post operative results and radiographs have proven that in many cases where excessive alveolar loss has occurred, and where the removal of overlying detached tissue would be impractical if not impossible, that sub-gingival surgery carefully executed, conserving all of the remaining connective and alveolar tissue has resulted in the rebuilding of bone, the re-attachment of the overlying tissue and the stabilizing of the teeth. Numerous cases are to be shown of such teeth having remained healthy and useful for twenty-five years or more, and are still giving good service to the patient. Therefore the statement that excision will eliminate destructive processes and save teeth when conservative surgery will not, does not hold true. In fact, in many cases the reverse is true. No dogmatic statement may be made either way. The fact does remain, however, that the operation of sub-gingival curettment is applicable to such a large proportion of periodontal involvements that it should be the dentists' first concern to develop an effective operative technique in the use of small curettes.

These are matters which it is well to consider in allocating to sub-gingival surgery, gingivectomy or more radical operations their proper positions in operative procedures. In determining whether there are possibilities of eliminating lesions of the vertical or deep types, a few simple rules may be followed. If the radiographs disclose that the bone in either the trifucations of the upper molars or the bifurcations of the lower molars has been destroyed the outlook for preservation of the teeth involved is not good and the patient should be so informed. If a vertical lesion on any tooth root has resulted in bone loss to or very near the apex, the prognosis is likewise bad, although in the latter case, fine results have been achieved by the operation of sub-gingival curettage with conservation of the remaining connective tissue surrounding the involved root. In fact, in the case of single rooted teeth, satisfactory results may be had provided the pulp is vital and there is not excessive mobility of the tooth. In single rooted teeth frequently only one surface has suffered supporting tissue loss and mobility is at a minimum. These teeth are invariably favorable for treatment. A third type of lesion is the circular tissue destruction about single rooted teeth. One third or more of the bone support may remain but the mobility of the tooth in this type often

renders it unfavorable for treatment, and definitely of no value as a support for any kind of restorative work.

The more experience one has in what may be accomplished in the surgery of periodontal lesions, and keep in mind this means sub-gingival curettage as well as other forms of surgery, the more likely the operator will be to give every lesion a chance to recover where there is a reasonable possibility. The patient will invariably go along with you in this effort, and if there is a failure, will understand the conditions. If success follows the treatment they are very grateful.

Radiographs which show some involvement of the bone in the bifurcations of lower molars are frequently misinterpreted as to the extent of the tissue loss and the prognosis. A shadow or radiolucency at this location does not necessarily mean the loss of the tooth, or that it should immediately be condemned to extraction. Frequently only a portion of the crest of bone between the two roots has been resorbed, usually because of a pericemental detachment of tissue on the lingual surface of the tooth. With thorough curetting the irritations are removed, the inflammation eliminated and the remaining bone may recalcify. Of course, if the inter-root bone has been destroyed completely from buccal to lingual, the prognosis is decidedly unfavorable.

It is rare that any tooth with a periodontal lesion of any extent should be used to support a bridge. In the case of spans of not more than two pontics and where stationary restorations are used, teeth which have suffered some supporting tissue loss may be used, after pathology has been eliminated. The splinting of the teeth in this type of work, with good occlusal balance may even assist in the stabilization of the tooth; however, when teeth are called upon to carry clasps or other forms of attachments for removable work, usually involving extension saddles, a tooth already weakened by disease should not be relied upon even though it may appear healthy at the moment. It requires unusually strong bony support to withstand the stress of most removable appliances especially when the bicuspid teeth are relied upon, which is so frequently the case. Many teeth may be retained in health when called on to carry only their own stress, but break down rapidly under additional loads.

In exploring deep or vertical pockets to determine their depth, the probe or curette usually encounters attachment far short of the depth indicated by the radiograph. This indicates that white collagen fibers are attached to the cementum above the area of bone absorption. In the treatment of the area it is desirable that this attachment be preserved, and no effort made to force the curette to contact with the process. When resistance is met and attachment is felt it is time to stop, whether curetting only one or several millimeters under the gingival margin. The fact that there is attachment over the bony process is one of the very favorable factors in obtaining good results from sub-gingival curetting.

In preparing for the elimination of vertical or deep pockets, it is of course necessary that the preliminaries have been completed; that is, the correction of trauma or other mechanical factors, and the estab-

lishment of good local care by the patient. An anaesthetic, infiltration or an obtundent pack may be used; however, in the vast majority of conditions, even deep ones, sub-gingival surgery may be executed without an anaesthetic, depending on the sense of touch and skill of the operator. As the curetting proceeds the discomfort lessens. It is a good plan to let the patient decide when anaesthesia is to be used after the curetting has begun. The plane or curette is passed into the pocket, keeping close to the root surface, moving up and down as the overlying soft tissue is pressed away from the cementum. When calculus is encountered it is removed either by a push or pull movement. This is continued until the operator is satisfied that at least all gross calcic deposits are eliminated, and that the instrument has been passed to the depth of the area where firm attachment is encountered, and exploring laterally until satisfied that all the area is open and accessible.

Next, a smaller spoon curette or a corkscrew curette is used to check the cemental surface and at the same time to break up granulation tissue and overlying epithelium of the pocket wall. Free hemorrhaging is desirable. After the curetting is complete no drugs or irrigations need to be used. The curetting, with the hemorrhaging should remove everything necessary from the area, and the remaining blood clot should be undisturbed. The use of a protective medicated cement pack may be used over the tissues for a few days only to protect the clot and guard against the packing of food. Within a few weeks it can be determined whether the curettage has been successful, and whether further curetting is necessary or whether it will be necessary to excise tissue which will not resorb.

There are few cases, even where there is a general involvement of all tissues and with more than a few deep vertical lesions which will ultimately require other means than sub-gingival curetting.

If we accept the statement that 85 per cent of periodontal pathology is the result of local causes, and the probability that it accounts for the loss of 85 per cent of teeth after the age of 35, we may have some conception of the enormity of the responsibility in the prevention and elimination of the earlier lesions of periodontal disease. It is in this field that skill in execution of sub-gingival curettage becomes so important. It might be that we are not making proper distinction between the services rendered by the hygienist, with her limitations to the exposed surfaces of the teeth, and the essential curettment of the sub-gingival areas for the removal of deeper irritations, in the prevention of more serious involvements. The specialist rarely sees cases in the earlier stages. The general practitioner sees all stages, and most of them should be corrected in his office. There is no surer or universal treatment than the skillful use of sub-gingival curettage plus the elimination of mechanical irritations and the institution of good patient care.

Quoting T. Sidney Smith, *Journal of Periodontology*, April, 1948, quote, "It has been the hope of the dental profession that scientists would find the way to get an organic union of the connective tissues with the root of the tooth when they have become separated by the development

of a periodontal septic pocket. The new research findings have clarified and removed some of the earlier theories that made the union seem impossible. There is also an increasing belief that an effort should always be made to get an organic union of the tissues and avoid the need of removing them by any method." End quote.

Orban, Journal A.D.A., October 1947 states. Quote, "In many cases one should start with the conservative method and if no satisfactory result is obtained within a reasonable time surgical treatment should be performed. No damage can be done by delaying surgical treatment and often limited improvement by conservative methods is a desirable preparation for surgical procedures." He also states "There are cases where relatively shallow pockets of 2 to 4 mm. depth must be cut away, and in other pockets of 4 to 8 mm. disappear by sub-gingival scaling and curettage, medication, massage, and proper home care." End quote.

T. Sidney Smith, Journal California State D. A. January to April 1943, has stated, quote. "It requires very little knowledge of the tissues, or surgical skill, to remove the separated tissues, but dentistry, like other branches of general surgery, has gone far beyond that procedure. These tissues are so essential that removal can only be thought of when rational and painstaking efforts have failed to reunite them. Removal is the last extremity and not the first act." End quote.

In conclusion, dentistry is in a position today of attempting to repair the damages to teeth from caries and to eliminate the destructive processes involving the supporting periodontal structures of teeth and maintaining health. Wonderful progress has been made in both directions. But the great objective to which our profession should be dedicated is the growth and development of human beings as God and nature undoubtedly intended, free from the menace of not only caries and periodontal disease but from most of the other degenerative diseases affecting humanity. This is not a Utopian idea. Many races of the past and even of the present are examples of the possibilities if we have the wisdom and courage to face the issues. One of the dire threats of socialization of dentistry, in the minds of many in our profession, lies in the danger that we may be forced to become a group of tooth pullers and false teeth makers, thus losing our identity in the larger field of humanitarian welfare, growth and development. Let us strive to prevent this catastrophe.

(Slide No. 1.) I hear a great deal about curettes, scalers, and one thing and another. I don't like to call them scalers — it is a very crude name for an instrument used for as delicate and comprehensive an operation as sub-gingival curettage. I see no reason why we should ever use the term "scalers." We scale fish and we scale logs back in the timber country, but I don't see why dentists should scale teeth.

These are small curettes. The first ones shown were counter curettes. They are very delicate instruments and have this spoon type.

We have two types, main types, of sub-gingival instruments. The plane or the straight-edge instrument and the spoon instrument. Those you saw first were the plane. They work just like an ordinary carpenter's plane, up and down, push or pull.

These are the plane universal curettes. I might suggest to you men that like to use that, that instead of using it with a sharp point, simply round it on a stone and it will work a lot better.

(Slide No. 2.) These are Bates curettes. They, likewise, are spoons, but a little smaller instrument, possibly, than some of the others shown.

(Slide No. 3.) On the left, the repair Julian Smith curettes, designed by Smith of Dallas, many many years ago. Those on the right are the more modern version, and which many men use. To my mind, it is a very, very difficult instrument to use. It requires a little experience, and I think the man beginning to do such gingival curetting or sub-gingival work of any kind would do well to begin with a plane or more simple spoon and then gradually work to the corkscrew curette.

(Slide No. 4.) This is a case of a simple appearing gingivitis that this patient had suffered for several years with hemorrhagic tissues. There is practically no bone loss as you will see from the radiograph in just a few moments, and there is very little loss of tissue. Yet, if you notice in several areas there between the central and lateral the characteristics (likewise between the two centrals) that we see so frequently in necrotizing gingivitis or Vincent's infection, as it is so often spoken of.

(Slide No. 5.) Now, as you will see from the radiograph, there is very little bone loss. I don't see how this case can possibly be treated in any other way except by sub-gingival curetting and a very careful curetting. The reason that this man failed to get rid of his Vincent infection over a long period of time was due to the fact that he had never had anything but medication and it had never been followed up by complete and thorough sub-gingival curetting. Consequently, while his infection would become better from time to time, in just a few weeks or few months, he would have a recurrence.

Definitely and certainly, we wouldn't go into a mouth of this kind in order to eliminate that periodontal pathology by doing a gingivectomy or or any excision of tissues.

(Slide No. 6.) This is an acute case, very similar, except the gingivitis has extended a little bit further, and you can see almost some ulcerations developing in the region of the cuspid, and the patient, again, had a history of Vincent's infection of four or five years' standing and having to be treated over and over again, but at no time had anyone gone into the case from the standpoint of giving her complete sub-gingival curetting and follow it up by thorough instructions in home care. She had had plenty of medication.

(Slide No. 7.) These are radiographs of the same case. You can see how little alveolar destruction there was. Definitely, we wouldn't do a gingivectomy in a case of this kind.

These are the common cases that confront every man in the general practice of dentistry every week or every few days of his life and practice, and these are the cases, that, if they are allowed to go on, you

will see what occurs in some of these cases where they go on for a number of years.

(Slide No. 8.) This is a case of diabetes in a patient about thirty-two or thirty-three years old. Naturally, it was a patient who had taken very poor care of his mouth. He had some dentistry done, but not what he should have had, and yet he was a well educated man and the son of a physician. He had been diabetic for many years and it had affected his mouth. He was reconciled to the loss of his teeth from his diabetes.

(Slide No. 9.) These are the radiographs of the same case. You will see his case has presented many difficult cases. He has caries between these teeth on the upper right; this tooth definitely had to be removed, and likewise the one over here. At that age this chap had decided that he did not want those teeth removed.

This is a very recent case, and it is still under treatment. I hope within the next year to be able to show a kodachrome of that case showing a great deal of improvement.

(Slide No. 10.) This is a case of extensive periodontosis in the middle aged patient. This is merely to indicate where these lesions are, that, in many cases of this kind, we are all too prone to condemn all of the teeth in this mouth just simply to say that all of these teeth will have to be removed. Incidentally, this patient is a diabetic also and about the age of twenty-eight or twenty-nine. These lower anteriors were condemned to extraction. These upper anteriors were removed. The patient did not want to lose his teeth. The case was carefully considered, and there is some hope for this boy to have some prosthetic work constructed. He has had that done, and he has prospects of keeping his teeth for a good many years without having to resort to extraction. This is some of the destruction diabetes may be responsible for in these cases.

MEMBER: Did it relieve the cusp in that particular case very much?

DR. LEABO: You mean from grinding? You mean in correction of trauma?

MEMBER: Yes, sir.

DR. LEABO: Oh, yes, Doctor. Those things have to be taken into consideration, but in a case like that where so many teeth were to be extracted, not a great deal of occlusal correction was done until the prosthetic appliances were placed in the mouth.

(Slide No. 11.) This case was a case of Vincent's infection for possibly seven or eight years' standing. This is in a woman living in the country and she knew she had Vincent's infection (or trench mouth, as she called it) but it never had been successfully treated. Accompanying that, of course, she had an advanced periodontosis in a number of the teeth here.

(Slide No. 12.) This is a case of a girl about nineteen years old, and here we come into the consideration of some of the nutritional and

metabolic conditions that cause a condition of this kind. This girl is about nineteen; she has had all kinds of dentistry — everything done that was possible. She suffers not only from periodontal loss and destruction of periodontal tissues, but likewise from caries in a number of areas in her mouth.

Her case is far from hopeless. She already wears stationary bridges on both areas, very well constructed bridges. The upper right incisor was removed not because of the fact that the periodontal tissues were involved, but entirely because of the bad aesthetic condition, and in a girl of that age it was undesirable to attempt to keep those teeth.

I will show you a slide a little later of one where the aesthetics were not so bad and the condition of the central incisors even worse than this.

(Slide No. 13.) This is a case of a woman who presented no unusual condition except an advanced tissue loss and desired to keep her teeth as long as she could. Well, she was willing to take a chance and take the risk. If the alveolar tissue is studied carefully there, there is considerable resistance to be developed at the border of those cracks. In the large area in the distal of the second molar and between the first and second molar, you could see huge deposits of calculus and in this circular area here (indicating).

(Slide No. 14.) This is the same case about three months after the case was treated, and the case was treated by sub-gingival curettage. I am sorry I can't show you the radiographs on this case at this time because there was no use in making radiographs three months after the case was treated. I wouldn't expect to see very much bone change or tissue change. I am satisfied in this case to see the clinical changes that have taken place. No gingivectomy was done. This is merely contraction of the tissue that followed reasonably, just reasonably, careful sub-gingival curettage.

(Slide No. 15.) I wonder, if you were confronted with a case of this sort in his hypertrophic gingival condition around these teeth, if you would be non-plussed as I was. In the posterior region, these gingival tissues had enlarged and grown almost half way down the buccal surfaces of those molars. In my many years of practice, I had never seen a case of this sort before, and yet, I just had a wild idea that this particular patient was an epileptic and was taking dilatin sodium.

It is a rather difficult thing to ask a fine looking little lady if she was epileptic, so I asked her if she was under the care of a physician. "Yes," she said she was. "Are you taking any medicine at the present time?" She said, "Yes, I am — two prescriptions." I said, "What are you taking, by any chance dilantin sodium?" "I don't know. My husband might know. Maybe I have a prescription."

She got very nervous and went down into her purse and dug out two prescriptions. The first one was for phenobarbital, and I had a pretty good idea right away that the next was for dilantin sodium, and sure

enough it was. The unfortunate part of this thing is that not over two weeks prior to seeing this case, this patient had been advised in a large city not far from Shreveport to have a complete gingivectomy. I just don't know what would have happened in this case if this woman on dilantin sodium had had a complete gingivectomy and continued to take the dilantin sodium.

We went there. She was having hemorrhages and was very uncomfortable. We found large masses of food deposits and large calcium deposits.

(Slide No. 16.) This next is a picture taken a little around on the buccal side.

(Slide No. 17.) This picture was made about thirty days after the case was seen. In that first picture that you saw, you saw the patient was very uncomfortable for her gums were bleeding when she would eat, and to brush her teeth or clean between them would cause the hemorrhage. At this stage, as a result of very careful sub-gingival curettage for the removal of calcium deposits which no doubt had formed there as a secondary result of the inflammatory conditions plus the food accumulations, and the installation of a careful and general oral hygiene program, all hemorrhaging had ceased at this stage and the patient was able to masticate without any particular trouble.

The administration of dilantin sodium in these cases of epilepsy is quite common and it is quite understandable that you men could encounter one of these cases at any time. I would say to you that whenever you find a case presenting a clinical appearance of this sort with hypertrophic gingival tissues and enlargement, investigate from the standpoint of what your patient is taking for medicine.

(Slide No. 18.) This is the case of a chap who is twenty-nine years old, an athlete. Usually, we just simply condemn a patient's teeth to extraction, and I think that that is what should be done in this case, and the patient was so informed. There are very definite limitations as to what we can do — there is no argument about that. But what are you going to do when this patient says, "I will not let them pull out any teeth in my mouth. Can you do something for me?"

The fellow is twenty-nine years old, and you can't blame the man. He has plenty of means, so we went ahead and did what we could for the patient.

From this radiograph, which was a full mouth set, I took it for granted that the pulp might be there. I will show you another picture of that in just a moment.

Incidentally, this is very interesting — with all of this loss of bone tissue in the region of the lower right molars, you can see that nature probably in the last several years has been making a tremendous effort to hold back that destruction of bone. You don't see the cortical layer and that effort there; the repair to that tissue ordinarily doesn't occur

unless the case has been treated. This case had never been treated. It is a most interesting thing to see what nature is attempting to do. Let's keep this area in mind and look at the next slide.

(Slide No. 19.) What is happening here? This man didn't have his lateral incisors taken out. He had never had an acute infection. He said, "Doctor, do what you can for it." This picture was made a few days ago. This is the same lateral incisor and it had sub-gingival curettage. I had no hopes of having anything to show you, and it means we know so little about what goes on in these areas that it pays to give them a chance. I mean that I don't see any hope for this man's teeth as a whole, but I am convinced, from what I see here in comparison to what that original radiograph showed, that this area is definitely repaired, and that was done with sub-gingival curettage. We couldn't do a gingivectomy on that — how could we, on that same case?

(Slide No. 20.) This picture is over exposed, but at this point you can see the pericementitis that this little patient had at the time of presentation. She was running a white cell count of 17,500 at the time and she was really sick.

(Slide No. 21.) This is the same case within thirty days. These areas were simply treated with sub-gingival curettage — no incision was done. We don't want to go in and excise inflammatory and acutely inflamed tissues, but we do very carefully go under those tissues and remove the irritating factors.

(Slide No. 22.) That is a radiograph of the case made this year, and it shows that she had not a great deal of alveolar destruction. This was purely a superficial inflammation which had become acute, although it picked up a lot of row in that girl's case. It wasn't necessary to do a gingivectomy. We wouldn't have done that girl any service to have exercised all that tissue because the area has returned now, and you can see the woman was not particularly involved.

(Slide No. 23.) This is a later picture of the same case.

(Slide No. 24.) This is an interesting case and has been treated just recently. The check-up slides that I will show you do not show all of the bone changes that have taken place. Notice the elongation of this central incisor and notice, too, that ragged appearance. But that wasn't what brought the patient into my office.

(Slide No. 25.) If you notice here, she had an acute pericemental abscess. The central incisor was vital and, probing around the gingival margins, the opening of the detached was bound to the mesio-lingual of the central incisor on the surface and this led up to this diseased area which extended almost to the apex of that tooth.

I don't know how you go about saving a condition of this kind, how you operate that — by more radical surgery.

(Slide No. 26.) This is the case after some occlusal correction was done, after the central incisor was shortened and placed in proper rela-

tion to the lower teeth. The lower teeth were smoothed out and the ragged edges were smoothed out so that the aesthetics were improved considerably.

(Slide No. 27.) This is a photograph of the area where the abscess was possibly a month and a half or two months (not over three months) after the case came in the office.

(Slide No. 28.) Here is the original radiograph. Both of these pictures were made from a set of pictures that the patient brought in. On this one (indicating) I could not get that same angle but from it I believe you can see, especially in this one over here, that bone is beginning to replace. At least it is recalcified. It is assumed to be in a much more healthy condition and we have every reason to believe that this tooth is going to remain so with reasonably good care.

(At this point, the projector went out of order.)

The hour is rather late, and perhaps we better draw this to a close.

PRESIDENT SANDERS: I am very sorry, Dr. Leabo, that the machine went out of order.

We want to thank you for this very fine presentation and contribution to our program this evening.

This general session now stands adjourned.

(The meeting was adjourned at 10:25 P. M. o'clock.)

BUSINESS SESSION

THURSDAY EVENING

The second meeting of the House of Delegates was called to order Thursday Evening, at 10:30 o'clock, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: The meeting of the House of Delegates will please come to order.

The Secretary will call the roll.

The Secretary then called the roll and the following members were present:

Officers: C. W. Sanders, Walter McFall, T. W. Atwood, Fred Hunt. *Ethics Committee:* W. T. Martin. *First District:* Patsy McGuire, W. J. Turbyfill, A. W. Botton. *Second District:* J. D. Kiser, Homer Guion (for Joe V. Davis), W. A. Ingram, F. W. Kirk (for John Ashby), Wade Sowers. *Third District:* C. H. Teague, Norman Ross, Sam Shaffer. *Executive Committee:* S. L. Babbitt, A. C. Current. *State Board of Dental Examiners:* Walter Clark, D. L. Pridgen. *Fourth District:* J. J. Tew, Paul Harrell, W. T. Martin. *Fifth District:* Dan Wright, Charles Eatman.

SECRETARY HUNT: Mr. President, you have a quorum.

PRESIDENT SANDERS: Our Secretary reports a quorum, and I declare this House of Delegates in session and open for business.

DR. J. W. BRANHAM: I have the report of the Exhibit Committee.

THE EXHIBIT COMMITTEE

I wish to submit the following report of the Exhibit Committee:

Receipts from 42 exhibits at \$75.00 each	\$3,150.00
Received by check for additional exhibit	70.00

Total Receipts	\$3,220.00
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Disbursements:

Rent paid to hotel for space	\$ 600.00
Rent paid for exhibit booths	585.00
Expenses for drawing	210.00
Printing, postage, etc.	53.50

Total Disbursements	\$1,448.50	\$1,448.50
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Net Profit	\$1,771.50
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—J. Walton Branham, *Chairman*

DR. BRANHAM: I move adoption of this report.

PRESIDENT SANDERS: I want to take this opportunity to thank Dr. Branham for the wonderful job he has done in handling our exhibits. This is one of the biggest jobs, I think, in the North Carolina Dental Society if it is handled correctly. Unfortunately, the time has come, if I may say so, when the hotel's charges for space to exhibit, raise our expenses, and our income from that source is gradually dwindling.

You have heard this report read and you have heard the motion for its adoption. Do I hear a second?

(The motion was seconded and carried.)

PRESIDENT SANDERS: Are there any other reports ready?

DR. HOWARD W. BRANCH: I have the report of the Housing Committee.

THE HOUSING COMMITTEE

Mr. President and members of the House of Delegates:

Your Housing Committee wishes to state that it has performed its duty as outlined by our society. This year the application forms for Hotel accommodations were used at the request of the management of the Carolina Hotel, which is their policy for handling conventions such as ours.

All applications for reservations were mailed in the same mail from Raleigh to our membership. As stated on the application, room assignments were made in the order in which they were received at the Hotel.

We regret that all of our members were not able to get accommodations in the Carolina Hotel, since it is centrally located, but the large number of applications made this impossible.—W. Howard Branch.

STATEMENT OF EXPENSE

D. Staton Inscoc, P. M.

January 13th—envelopes and postage	\$ 24.60
Miss Carolyn Mercer	
Stationry and mimographing	15.00
Total	\$ 39.60

DR. BRANCH: I move adoption of this report.

PRESIDENT SANDERS: I want to thank you, Howard, for a job well done.

You have heard this report; a motion has been made that it be accepted as read. Do I hear a second?

(The motion was seconded and carried.)

DR. K. L. JOHNSON: I have the report of the Hospital Dental Service Committee.

THE HOSPITAL DENTAL SERVICE COMMITTEE

This committee held it's first meeting on Sunday, July 11, 1948, at the Sir Walter Hotel in Raleigh, N. C. Functions of this committee, as outlined by the parent committee of the American Dental Association, were discussed. Those members of the committee present were, T. L. Blair, Clarence Olive, and K. L. Johnson. It was decided that a survey of dental activities in the hospitals of North Carolina would give this committee much valuable information.

The following letter, with a printed questionnaire to be returned to this committee, was mailed to the medical director of every hospital in the state, with exception of government hospitals, as listed in the American Hospital Directory of 1948.

Dr. W. B. Jones, Medical Director
Jones Hospital
Raleigh, N. C.

Dear Dr. Jones:

The Hospital Dental Service Committee of the North Carolina Dental Society is endeavoring to gather information concerning dental activities in hospitals throughout the State. It will be greatly appreciated if you will fill out and return the enclosed questionnaire for our files.

Inasmuch as, this very necessary dental service is lacking in many hospitals of our State, we are interested, also, in aiding the organization

and establishment of dental departments in those hospitals which do not have such a department.

It is this Committee's experience that those hospitals having an Out-patient service, find that a dental department fills a very important place in rendering a complete health service.

If this Committee can be of any service to your institution along these lines, please do not hesitate to call upon us. Any assistance of this Committee would, of course, be in cooperation with you and the local dental group of your city.

Thanking you for your attention to this matter, I am,

Sincerely yours,

K. L. Johnson, D.D.S., Chairman
Hospital Dental Service Committee
North Carolina Dental Society.

KLJ:eh

The response to these letters was most gratifying and revealing.

Of the 158 questionnaires mailed out 114 or 72% were returned. Many were accompanied by letters, requesting answers to specific questions, as well as information concerning the establishment of dental departments in hospitals. The questionnaire asked for the following information:

HOSPITAL DENTAL SERVICE SURVEY OF NORTH CAROLINA

For Information of the Hospital Dental Service Committee of the
North Carolina Dental Society.

1. Name of Hospital
- Address
- County
- City
2. Do you have a dental department in your hospital?.....
- Chief of dental department in your hospital?.....
- Chief of dental department.....
- Would you be interested in such a department?.....
3. Are there dentists on the staff of your hospital?.....
- Names
-
-
-
4. Would you be interested in placing local dentist on the staff of your hospital?

Dr. K. L. Johnson, Chairman
302 Masonic Temple Bldg.
Raleigh, N. C.

Analysis of Returned Questionaire

There are 140 dentists on the staffs of 63 hospitals in the state. Twenty of these 63 hospitals have a dental department. Thirty-three hospitals have indicated a desire for a dental department, thirty-six hospitals indicated their desire for dentists to be on their staffs. Six hospitals indicated their interest in a dental department later on. Fifty-one hospitals do not have a dentist on their staff.

It is to be assumed that some of the 44 hospitals not returning the questionnaire have dentists on their staffs. It is hoped that a further effort to get this information will be attempted by a future committee.

This committee has written and received over four hundred letters this year. A diplomatic attempt has been made in a number of towns to get dentists to accept staff positions and to help in the establishment of dental departments. A number of personal interviews with dentists, relative to establishing dental departments in their local hospitals have taken place. An effort has been made to furnish to all new hospitals being built in the State, information relative to including a dental department in their hospital plans.

Your committee has at all times stressed the fact that any action taken must come through the local dental group of the locality in question.

This committee feels that much still remains to be done before the dentists of our State assume their rightful place in all of our hospitals. It, therefore, recommends the continuation of this committee in hopes that this goal may some day be reached.—K. L. Johnson, Chairman.

I move adoption of this report.

DR. JOHNSON: I also have the report of the Clinic Committee.

THE CLINIC COMMITTEE

Your committee is justly proud of the thirty-four splendid Table Clinics on the program this year. We wish to express our appreciation to those men, many of whom have given freely of their time and energy for years, that we might have an outstanding program.

Your committee has made some changes in the arrangement of the clinic program this year which we hope will aid the clinicians in giving their clinics, as well as make it easier for the members to see a maximum number of clinics.—K. L. Johnson, Chairman.

DR. JOHNSON: I move that this report be accepted.

(The motion was seconded and carried.)

PRESIDENT SANDERS: Are there any other reports at this time?

(There was no response.)

Is there any business that we should consider at this time?

DR. STADT, Charlotte: I am not a member of the House of Delegates, but I'd like permission to speak, if I may.

PRESIDENT SANDERS: Dr. Stadt, as a member, I am happy to extend to you the courtesy of the floor.

DR. STADT: At the meeting of the Second District Dental Society last October, a resolution was passed on the question of permitting dental hygienists to apply sodium fluoride applications. The resolution was passed to be passed on to the Executive Committee and such other members of the Dental Society as would be responsible for effecting its enactment as legislative procedure or a dental hygienists practice interpretation. In other words, that would be legal interpretation.

I'd like to present that resolution here now for the consideration of the delegates for their action so that the North Carolina Dental Society may go on record now and effect whatever changes may be necessary for dental hygienists to apply sodium fluoride in North Carolina thereby providing the children in North Carolina with more preventive dental service and providing the dentists with more time for other activities.

May I present that resolution?

PRESIDENT SANDERS: Dr. Stadt, maybe I am wrong, but in my opinion, I think that such a report would have to be submitted by a delegate from your district or some other member of the House of Delegates to be acted on by the House of Delegates. If I am wrong, please correct me.

DR. STADT: I don't know the procedure myself. Do I stand approved or disapproved in that?

PRESIDENT SANDERS: It is rather unusual for a thing of this sort to come up. I don't believe I ever recall that it did before. The Chair cannot approve your action as a non-delegate in submitting a resolution to the House of Delegates for adoption or rejection.

Walter, do you know how it should be handled?

DR. McFALL: I think if it were the A.D.A. they would immediately refer his resolution to the Legislative Committee which is the established committee to handle information for the society that comes in. They would then report back on his resolution to this body.

I don't know how you operate at the state level. You see, it will require legislative enactment to get done.

PRESIDENT SANDERS: Yes, it would.

DR. STADT: Dr. Sanders, I'd like to point out that the Second District in convention approved this resolution, so that it is not just a question of a member presenting it. It has already been approved.

PRESIDENT SANDERS: Dr. Stadt, you have some members of your Second District present. I wonder if they would like to submit that resolution and then we would surely be within our bounds.

DR. STADT: That is merely for the consideration of the Legislative Committee?

PRESIDENT SANDERS: That is the resolution that you read just a little while ago. I don't remember just exactly what the contents were.

DR. STADT: I have the whole thing in its complete form here as it was passed by the Second District Dental Society.

PRESIDENT SANDERS: I am sorry to say that I don't know how else that could be handled. If there are members from the Second District here, it would certainly simplify matters and put everything within order if one of those delegates would submit that resolution, if they care to.

DR. J. DONALD KISER, Charlotte: May I speak as a member of the House of Delegates and not as President of my district? I would like to state that the Second District Dental Society did pass a resolution being in favor of such legislation being enacted into our bill controlling the practice of dentistry in North Carolina.

The resolution was that we were in favor of this, but the resolution also included the fact that this information be passed on to the officers and the Legislative Committee of the North Carolina Dental Society, and it is my personal opinion that there have been enough things of great importance concerning the practice of dentistry in North Carolina within the past year so that I didn't think it was wise to press this matter for a change in our bill at the present time.

I think that it probably is the reason this hasn't been presented in a more definite and a more proper form to this House of Delegates meeting.

I hope that clarifies the matter. Thank you.

PRESIDENT SANDERS: Thank you, Dr. Kiser.

Dr. Stadt and members of the House of Delegates, would it be satisfactory with you if I took the privilege of referring this resolution to our Legislative Committee and that committee to report at our last House of Delegates meeting? Would there be any objection to that?

DR. STADT: No, sir, I am perfectly in accord as long as it is going to be considered.

PRESIDENT SANDERS: It would certainly expedite matters and we would know that we would be operating within our bounds.

I received a copy of that resolution from Dr. Stadt and also with it a copy of the letter which was addressed to Dr. Frank Alford, Secretary of the North Carolina State Board of Dental Examiners. This resolution was discussed with members of the Executive Committee and with Dr. Alford and with the Chairman of our Legislative Committee. It was decided that perhaps it might be better to postpone any definite action or recommendation concerning this matter since we, at that particular time, had other very important legislation being considered by the House and the Senate, and for that reason, no action was taken, and I have been

of the opinion all the while that such recommendation should come through the Board of Dental Examiners and from the Chairman of the Legislative Committee.

I didn't feel that it was my responsibility to advocate such change and such legislation.

DR. STEELMAN: May I ask a question—that would have to go before the Legislature for approval?

PRESIDENT SANDERS: It most definitely would.

DR. STEELMAN: And that legislature does not meet until after our next annual meeting, so nothing would be lost by delaying that until our next annual meeting, is that not right?

PRESIDENT SANDERS: That's right.

DR. MOSER: I too am not a member. I had been for fifteen years.

In deference to Dr. Stadt, when anything is so effective as they claim that sodium fluoride reduced the incidence of caries 40%, it is a shame that we can't use this auxiliary aid. You know that, legally, we can't do it, but I am saying that this House of Delegates should do something. These children simply cannot be seen in the State of North Carolina by our present number of dentists and I know that we have to be cautious, very cautious. We know that some men will abuse it, but I will say that those same men who would abuse it and not supervise the treatment of sodium fluoride need supervision themselves when they give that treatment themselves. So, what will take place in that office before we enact the bill in my opinion will take place after the thing is enacted.

But I do hope that at the next meeting, which will be two years from now, there will be something done where we can have auxiliary aid.

PRESIDENT SANDERS: Thank you, Doctor. Perhaps it would be better next year to take some action because more than likely the House and the Senate will have convened and adjourned before we will have met two years from now, as it has this time. So, those who are advocating this change in our practice act should make arrangements, I would suggest, to do something about that at our next annual session, one year from now.

DR. McFALL: For the information of the group, seven state laws have been changed since the U.S. Public Service okayed 2% sodium fluoride application.

For three days I have been in Knoxville, Tennessee. They have just given the hygienists, but not the dental assistants, the privilege of applying topical 2% sodium fluoride. It has just gotten through in Tennessee.

PRESIDENT SANDERS: Personally, I think, just as many others others seem to think, that a girl who has had two years training, who is capable and responsible, most certainly is capable of applying sodium fluoride. That is my personal observation. Perhaps something will be done

to make such assistance available to the dentist in the not too distant future.

Is there any further business?

DR. STADT: May I have permission to speak again?

This is in reference to something that is along the same lines, and it is in reference to the Federal U.S. Public Health Service teams, demonstrating the technic of sodium fluoride application.

As I understand it, these teams do not just simply demonstrate the method of application, but they demonstrate the efficient method of applying it to large numbers.

In our county, we are particularly concerned—not that I am a representative of the county—and I have had numerous conversations with Dr. Hand, the county health officer. We are concerned there with providing some preventive service to the children in lieu of any dental service at all, since no dentist is available and they don't expect to be able to get one within the near future.

Dr. Hand was discussing this with me with the idea, perhaps, of getting a Federal team perhaps to come into Mecklenburg County and demonstrate and then follow up with the establishment of a dental hygienist in the county. We talked about this last week. We not only spoke about one dental hygienist, but five or six, and, if possible, all of these girls were to be subsidized by scholarships by the county.

All that is being considered right now in Mecklenburg County and will be brought up before a Board of Public Health meeting very soon with the Superintendent of Schools and all the other folks who are concerned with the establishment of this kind of scholarship. This shows the extent to which the thinking of the public is going because most of these are lay representatives. There is only one dental member and one medical member on the board.

To me, it represents what we must do ourselves to prevent them from, let's say, assuming the ascendancy in this kind of a proposition. We should take the initiative and lead rather than be told what they want done.

I feel if we can get a Federal team in North Carolina, Mecklenburg County, (I am not speaking officially now) will entertain these people, set up a program, and follow through with their own dental hygienists.

The point I am bringing up here is that we ought to have some discussion on the fact that three-quarters of the states, at least, are asking or using Federal U. S. Public Health Service teams, and I believe North Carolina is one of the few states that has not.

PRESIDENT SANDERS: That's right. Last summer, I was privileged to attend the meeting held in Washington by the U.S. Public Health Service where that program was thoroughly discussed and analyzed. We came back and your Executive Committee decided to postpone the accept-

ance of this service for the state at the present time. The members of the Executive Committee will substantiate that statement, and our chairman also.

I think perhaps that might be taken up some time in the future, Dr. Stadt, but, under the circumstances, I don't believe it would avail us very much to discuss that particular feature at this particular time.

However, the floor is open to anyone who wishes to discuss it. Is there any discussion? (There was no response.)

Is there any further business to come before this group this evening?

DR. STADT: I'd like to thank you for having given me permission to speak before this group.

PRESIDENT SANDERS: We are delighted to have had you, Dr. Stadt.

If this completes the business for the evening, do I hear a motion for adjournment?

(Motion to adjourn was moved, seconded, and passed, and the meeting adjourned at 10:45 P. M. o'clock.)

OPEN FORUM Friday Afternoon

The open forum of the Ninety-Third Anniversary Meeting of the North Carolina Dental Society was called to order Friday afternoon, May 20, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: Gentlemen, the meeting will please come to order.

May I present to you Dr. J. Donald Kiser, presiding chairman of the forum.

CHAIRMAN KISER: Thank you, President Sanders.

As you know, gentlemen, last night, Dr. Leabo's program was interrupted because the projector went bad. He has a number of most interesting slides to show you. We have talked with him about whether he would prefer to answer questions which you had in your mind or whether he would prefer to continue to present the rest of his slides, and he has suggested that we leave this decision up to you, the members of the North Carolina Dental Society.

Gentlemen, I would like for you to tell Dr. Leabo just what you want him to do. He is here to do your bidding.

MEMBER: Let's have questions.

MEMBER: Let's have the slides.

CHAIRMAN KISER: All in favor of having Dr. Leabo answer questions which you have in mind, raise your right hands; those in favor of the slides, please raise your right hands.

It is about fifty-fifty. Suppose we go ahead with a few questions and possibly we can handle those questions in a few minutes time. If there is some time remaining after these questions have been answered, possibly Dr. Leabo could show us a few of his slides and still finish on time at three o'clock.

This has been a very popular part of our program, the question and answer period, because it gives us practitioners an opportunity to bring our problems to our guest clinicians.

At this time, I want to call on our fellow member who will take charge of receiving these questions and presiding over this particular question and answer period. It gives me great pleasure to present Dr. George Kirkland, who will preside over this session.

LEADER KIRKLAND: Dr. Leabo, we all heard your splendid essay last night. We had the misfortune of not seeing the rest of your slides, and I am sure that most of us will carry home many of your ideas which will aid in the treatment and prevention of periodontal disease.

You have covered your subject very ably. Periodontia covers a branch or field in dentistry which is so broad that there are many controversial issues. I am sure your discussion as to whether periodontal disease is curable or incurable will bring up many questions; traumatic occlusion and the means that you use for detection and relief will bring up many questions. Lastly, the methods and choice of treatment and elimination of the periodontal pocket—all these subjects need and deserve further discussion.

If I may, I would like to present the first question. Can a periodontal sulcus of several millimeters remain and still be healthy, and, if so, under what condition?

DR. LEABO: Dr. Kirkland, you spoke of a sulcus—did I understand you correctly? You mean a periodontal sulcus of approximately three millimeters.

I think that it could remain healthy if the patient is carrying on careful home care and properly massaging. However, I don't believe that we find very many detachments, let us say, of three millimeters that prevent a healthy condition. When you have detachments of three millimeters, ordinarily, those areas are retention pockets for food, debris, and they should be reduced.

I can't conceive in even the use of sub-gingival curettage why an area of three millimeters should be retained, should be left, and in my own practice if there remained a detachment of three millimeters with the resultant of more or less soft flabby condition of the epithelial tissue and the connective tissue, which I am sure will exist if subgingival curettage didn't eliminate it, I wouldn't have any hesitancy in clipping with the scissors or excising with a knife in order to reduce it.

There isn't any question but what the shallower the crevice or sulcus, the easier it is to maintain health.

LEADER KIRKLAND: Are there any further questions? How about traumatic occlusion—any questions on that?

MEMBER: What part do you think bruxism has to do with traumatic occlusion or what part bruxism has in producing pocket formation around the teeth?

DR. LEABO: Well, in answer to that question, I assume that all of you men understand what is meant by bruxism. That is a term that has come into use comparatively recently and, in just plain old English, it means grinding your teeth or grating your teeth or particularly getting out on some particular cusp and grinding back and forth. Patients often do these things at night.

There isn't any question but what bruxism or the grinding of teeth unconsciously by the patient, in most instances, during the sleep, does have and play a tremendous part in the producing of periodontal lesions. Even so, I think that if the teeth that the patient is accustomed to grinding and grating are, or can be, placed in reasonable good occlusal balance, I question whether any harm will result from it or not. If the teeth are not in occlusal balance, of course, or if the patient is making excursions with the mandible far beyond the functional excursions of the jaw, it very likely would be necessary to use a splint, and I think that is the usual treatment for those cases.

Bruxism does undoubtedly play a part in many cases of periodontal destruction, but each individual case has to be examined and checked and tested for that. I don't think you could lay down any dogmatic outline for the correction of it or as to whether it, in every case, produces periodontal lesions. I don't believe that every case of bruxism produces periodontal lesions.

MEMBER: Do you think it is possible for the average dentist to remove all the calculus around the tooth, especially the posterior teeth, by sub-gingival curettage? Do you think an average dentist, one of us, is skilled enough to attempt to treat all periodontal pockets—not all of them necessarily, but the ones, I say, that you could treat? Do you think many dentists throughout the country are capable of instrumentation efficient enough to remove all the calculus around the teeth?

DR. LEABO: That is an excellent question, and I am sorry to have to say that I do not believe that the average man is capable of doing that.

I think that is one of the faults of dentistry today, because I do not believe that it is any more difficult to develop a technic that is effective in the removal of subgingival calculus, whether that calculus is one millimeter, three millimeters, or five millimeters, beneath the gingival margin, than it is to develop a good technic of preparation of a cavity and handling a burr and handling a chisel and doing many of the other technical things that you do in restorative dentistry in your office every day of your lives.

The only thing is that we haven't been taught and we haven't been trained to do these things. We were not taught these things in college. I

wasn't, and we had as dean of my school, forty years old, one of the pioneers in periodontology, and just then it was just a treatment of pyorrhea. He was Dr. John Patterson of Kansas City. Still, we were not taught the technic of using certain types of instruments and the small curettes that are essential to the removal of calculus.

I might amplify Dr. Gay's question just a little bit and ask how many men are capable of removing calculus one millimeter below the gingival margin, or, let us say, removing calculus simply that you can't see? That isn't difficult to do, provided you learn a good sense of touch.

You learn everything else in dentistry that you do, but this thing takes time and you have got to be adequately compensated for it, as I said in my paper last night. That's one of the major things. No man is going to learn to do sub-gingival curettage, scaling, curetting, or whatever you want to call it (and I definitely resent the use of that word "scaling") and without sufficient compensation. It is necessary, even in giving good prophylaxis, to go beneath the gingival margins because I don't believe I haven't seen a dozen cases in my life where there was not some debris beneath the gingival margin that had to be removed and should be removed. I think that that is one of the reasons we fail to get rid of our Vincent infections, so-called, or necrotizing gingivitis.

We go in for medicines and drugs and eliminate the symptoms. The patient uses an oxidizing mouth wash or there are a thousand drugs that may be used, or none at all—it doesn't matter—and then the case is dismissed because the symptoms have disappeared. In a month or two or three, when you see the case again (or some other dentist) the patient has a recurrence. Why? Because, under the gingival margins as a result of the inflammation that accompanied that case during the Vincent's infection, there has been a precipitation of gingival calculus that remains, it continues to irritate, it harbors spirochaeta, and all they need is a little more food impaction, a little more cultured medium on which to develop, or negligence on the part of the patient in home care, and you have a recurrence and wonder what happened.

It all boils down to whether you can remove calculus from a millimeter. If you can do from a millimeter, you can do it for two, and why not for three or four or five? It is just a matter of degree.

That's why I say that if we are going to control these periodontal lesions, this gingivitis that we have, the pericementitis and shallower lesions, we can't do gingivectomies on all of these cases. We will never control the periodontal problem or never get anywhere in its prevention until we, as a profession, learn to give as much time to sub-gingival curetting as we give to other phases of our practice. The patients are definitely not hard to sell upon it.

Maybe I am taking up too much time on this question, but let me say one other thing. The majority of patients that come into dentists' offices (and I did general dentistry a good part of the forty years I have been practicing) will show some form of gingivitis. By that I mean simple in-

flammatory reactions involving the gingival margins. The dentist says to that patient, "You need a little prophylaxis." Why put that word "little" on there? Why use the word "prophylaxis" at all? Prophylaxis means prevention. How can you prevent a disease that is already present? We have made our initial mistake right then and there. We convey to the patient that "I am going to clean your teeth in fifteen, twenty, or thirty minutes, and do a little scaling, and everything will be all right." That isn't so.

That mouth is already diseased, a pathology exists, and that patient should be approached from an entirely different angle. You should say, "Mrs. Smith, you have a condition in these tissues where they show some disease, and if this disease continues in your mouth, it is going to result in further tissue loss and bone destruction with the loosening of your teeth, probably, later in life, and the thing to do is to get rid of this disease now. We can't do it, Mrs. Smith, merely by cleaning your teeth. We are going to have to give you some treatments."

LEADER KIRKLAND: I wonder if Dr. Ray has any questions.

DR. RAY: I don't, but I certainly approve of what Dr. Leabo just said, and I heartily endorse it as the most important thing I think we can possible do.

MEMBER: As a general practitioner, I'd like to ask Dr. Leabo to briefly outline the home care of periodontia.

DR. LEABO: There are certain fundamental things that need to be carried out in teaching the patient how to properly take care of the mouth.

I am simply going to tell you what I do. Dr. Ray over there might have a little different technic and Dr. Gay might have a little different technic, but I think that in the end we are all aiming at approximately the same result.

Whether a two row brush or three row brush is used, and the type of dentifrice, and all that sort of thing, I think is a matter of individual preference, and I wouldn't argue with any man as to whether he uses a two or three row brush. I wouldn't argue with a man as to whether he used hardwood toothpicks or soft wood; or I wouldn't argue with him very long about dental floss, but I might argue with him a little bit about it in preference to the interdental stimulation and whether he uses a rubber type. I think all of those have a place.

But I am going to give you briefly what I do and the way I handle it. I don't leave this to anybody else in the office. I think the only way to demonstrate to a patient is to take ample time to do this tooth brushing for them in the mouth. We have a printed slip (I am sorry I haven't some of those with me, but I didn't think we'd get into this so deeply) that describes to the patient the objectives of home care and tells them some fundamentals about the use of the tooth brush.

I use a two row hard bristle brush, but not an extra hard. The extra hard is only a little harder than the hard, but after the brush has been used for a short time, the bristles will soften up considerably, and if they are too hard to begin with, let the patient soak the brush in cool water. Tell him to keep it out of hot water and never sterilize it because there is no need for it—it is their own tooth brush. If they are going to use somebody else's, they better sterilize it, of course.

I think you are all familiar with the method of brushing whereby the bristles are point toward the crowns of the teeth and bent in an a massage is exerted, forcing the bristles into the interproximal areas. There is another method which I used for many years where you point the bristles in the opposite direction and lay them against the tissues in that direction. I am not too particular about that with my patients, but I show them how to use the brush by the Stillman method and by pointing the bristles toward the tissues. As I say, you lay those bristles any way you want to—this way on the buccal or lateral, if you choose.

I think every dentist should use his own prescription for tooth powders, if possible. I don't know the proprietary dentifrices on the market. I have a formula for a tooth powder that I have used for many years. I haven't run into any I like better. I use 20% salt, 25% soda, 25% calcium phosphate, and 35% of castile soap and a little flavor. It is a nice clean, white powder, and it works out of your tooth brush.

I don't like tooth paste. When a patient asks why, I tell them to just bring their tooth brush down and let me see it after they have been using tooth paste for a week. Usually, with the paste caked up, the bristles loose their elasticity and I just don't think that's good mouth hygiene. I don't know of anything that a tooth paste will do that a tooth powder won't do just as well.

Coming to the times of the day that the teeth are to be brushed—I don't have my patient brush but twice a day—after breakfast in the morning and particularly emphasizing bedtime. I teach them the use of the stimulant. I like the soft wood toothpicks more than anything, and, in the posterior regions, especially, where a lot of recession and a lot of loss of tissue has occurred, I teach the patient to use the rubber stimulator because it will do more stimulating while it will clean as well, or the toothpick, to cleanse interproximal areas and follow that up in the wide-open areas by using the rubber stimulator.

As to mouth washes, I am not interested in a mouth wash except to one extent. I am still old-fashioned enough that, wherever I have patients who have had any periodontal trouble or pathology to any extent, I still want them to use an oxidizing agent indefinitely, but a mild oxidizing agent. Of course, 50% peroxide is a good mouth wash. When I said I am old-fashioned enough, I mean I still have my patients use sodium perborate properly diluted. No one should ever use sodium perborate to brush their teeth with. I think that is what brought sodium perborate into disrepute, and justly so. Maybe one patient out of hundreds and hundreds and maybe a thousand or more do I find who is susceptible to sodium perborate and showed some inflammatory condition.

I think that pretty well covers the field.

MEMBER: How do you eliminate your formation of granulating tissue forming after gingivectomy?

DR. LEABO: I am sure you men have gathered from my discussion last night that I do not do a great deal of gingivectomy. I don't recall, in several years, that I have operated by gingivectomy a continuous group of teeth. By that I mean one, two, three, or four teeth in a row. I don't recall a case that I have done that on in several years.

The ones that I do a gingivectomy on are the ones that have already had sub-gingival curettage and there is loose, flabby, unconnected tissue, or tissue that indicates that it isn't going to reattach or contract or that I think it's sanitary (the condition for cleanliness between molars, for instance—bicuspid's are such that the patient is going to have difficulty in maintaining that area) that I am going to remove some tissue.

I simply go in and excise that tissue from the buccal and lingual as you do in gingivectomy, but, mark you, you ought to have a limited area of tissue. After I kept the pack on there for possibly a week, that is all you need. Ordinarily, I am not interested in putting a pack on that case again. The area is so limited in its extent that the patient doesn't suffer much discomfort, and after a week's time, ordinarily that tissue won't need any covering again. You may even brush that tissue with massage after a week's time.

In very few cases do I see any proliferation of tissue, and I try chloracetic acid. I never use silver nitrate because I have seen so many cases of discoloration of those teeth that I just don't want to. I wouldn't want it done in my mouth.

MEMBER: I am just a general practitioner and don't know much about periodontia. I would like to ask if Dr. Leabo feels that it is always necessary to use some form of pack after he has done a gingivectomy—if so, why, and if not, why not?

DR. LEABO: I really think that unless you had an extensive area which involved, we'll say, a part of the mouth or four or five teeth—in other words, if you had just one interproximal area or maybe two, and you let the surgical pack off and didn't put a thing on it, I believe the case would get along all right. But why do that, when it is so easy to put the surgical pack on? It is soothing to the tissue, and it does, I believe, just mechanically protect that area. And zinc oxide has a beneficial effect. I am not enough of a chemist to know just exactly what happens, but there isn't any reason not to use it. But, if you didn't use it, I think it would heal just like any other abraded surface or incised surface of the mucus membranes or the connective tissue in the human mouth does.

When one of my little grandchildren almost bit his tongue in two recently, they didn't put any surgical pack on that—they couldn't. They didn't suture it but just left it wide open and it healed within four or five days because it was united.

So, I don't think the surgical pack is entirely necessary. It is one of the things we use that are good and that help us and help the patient.

MEMBER: How do you desensitize an exposed cementum following gingivectomy or curettage?

DR. LEABO: Well, I have to answer that question just a bit in the negative again, for the simple reason that, as I stated before, I do not do extensive gingivectomies covering three or four or five teeth at one time, nor do I exercise ordinarily a 67 inch, or, let us say, two or three millimeters below the cementum enamel line, and especially on anterior teeth. I want to make every effort to keep the cemento-enamel line covered, if I can and, at the same time, eliminate the pathology.

But, even in sub-gingival curettage, you have sensitive teeth, but I don't believe that you have as many sensitive teeth as you get with gingivectomy for the simple reason that with a gingivectomy, all at once you immediately uncover that cementum that has never been uncovered before and expose it to the thermal shocks and chemical irritants that reach them in the mouth—sweets, salt, and things of that sort.

In sub-gingival curettage, these tissues shrink gradually, and I am firmly convinced that with the gradual shrinking of those areas you have a minimum of sensitivity. I think the nerve terminals, that is, the sensitive cementum, let us say, adapts itself in due course of time, and you don't have too much difficulty in that respect where you do sub-gingival curettage.

But, what are we going to do when we do have these sensitive areas? I am not going to use nitrate of silver in the anterior teeth. I am going to use a formula of potassium carbonate in glycerin. I have had reasonably good results in using that. I can't give you the proportions right now. Apply that to those sensitive areas at the cemento-enamel lines on anterior teeth. If those sensitive areas are in the posterior, we'll say on the lingual root of an upper molar or interproximally, I wouldn't hesitate to apply nitrate of silver, but I would precipitate the silver—I wouldn't use the ordinary solutions—and even if you get some discoloration back there, of course it isn't so bad.

MEMBER: I gathered from Dr. Leabo's splendid lecture last night that he does not use the sulfar drugs or penicillin as an adjunct in the treatment of periodontia. I'd like to ask him why he does not. Does he think it is ineffective or what?

DR. LEABO: I think that is a very good reason, especially in view of the fact that we are presently in what I would say is a fanatical wave of the use of penicillin. That isn't the first drug that we have gone esthetic over in the last forty years, to my knowledge. I think that penicillin has its place and I have no quarrel with the use of penicillin whatsoever, but I can't see any need for using penicillin or the sulfa drugs, either, in an ordinary chronic periodontal lesion.

I partially explained that last night. I didn't mention penicillin, but I made this statement in the paper last night—that when we have an intrabony pocket or a pocket of any depth, when we operate that pocket by sub-gingival curettage, we remove the contents of that pocket, we remove the calculus deposits and other debris on the cementum surface. We break up and remove the granulation tissue which may have formed when the cementum and epithelium on the opposite side of the pockets may have disintegrated. We try to break it up and we may scratch or scar the epithelium some. I don't know whether it is entirely necessary, but we do it whether we are conscious of doing it or not in the operation of sub-gingival curettage as it is thoroughly performed. So that, when we get through with the operation of that pocket, I don't believe that any infection, as we think of infection, would be a mixed infection, possibly, of three major organisms—strep, staph, and spirochete—would form. With the handling and bleeding that occurs in the pocket walls, the pocket itself is instantly flushed, and there is no need to use any drugs of any kind.

I made the statement last night that infection is secondary in these things. In fact, infection is not primary, and therefore, we should primarily treat the lesion upon the basis of the elimination of irritation and not merely upon the basis of the elimination of infection because infection will be taken care of and Nature will take care of the infection through her healing processes after the irritation and the causes of the inflammation have been removed.

I showed Dr. Bright a case (which is on the slides, by the way) in the room there just before lunch. This girl had what we might call a pericementitis. It was acute. I was alarmed when she came into the office, not because of the local condition but because of her systemic condition. She was really ill, and I suspected the possibilities of a leukemia and that this was really the local manifestation. The area involved was the lower incisors, the left central lateral and cuspid. The gingival tissue was terribly discolored and swollen. Her white cell count was 17,500. I still wasn't sure just what was the matter, so I sent her immediately to have penicillin. I wrote a letter to her physician and told him what the situation was, sent him the count, and asked him to carefully observe the girl and give her all the penicillin he thought she could have.

Likewise, I had a patient not very long ago, a heart case, who came in with an acute pericemental infection that had passed completely beyond the apex of the bicuspid which was carrying a bridge, by the way—a removable bridge, may I say. This infection, due to this chap's weakened physical condition otherwise was terrific and I sent him immediately to have penicillin.

So, there are conditions where penicillin definitely should be used. I think you would be foolish to take a chance and not recommend penicillin, but so far as using penicillin in routine periodontal pathology, the chronic conditions that we see, personally, I just don't see any need of it.

MEMBER: I'd like to ask Dr. Leabo what is the minimal age group of patients in which you find these extensive collections of sub-gingival calculus?

DR. LEABO: That is a very difficult question. I don't believe I ever had that question proposed to me before.

To begin with, so far as salivary calculus is concerned, I still make a distinction between salivary and serumal. I believe they have two different origins.

I know nothing of histology or microscopic study of them—all I am speaking from is long years of observation and experience, and I don't believe the two types of calculus have the same origin whatsoever.

The salivary calculus, as you know, collects in many very young children's mouths. I don't hesitate to say I just don't know when you would find salivary calculus deposited on the exposed surfaces of the teeth.

Now I believe this—that, just as soon as that child develops or is old enough to develop a gingivitis, and that would usually occur after all the temporary teeth have taken their place in the mouth and erupted (or practically all of them) just as soon as that patient develops an inflammatory condition in those tissues, then, I believe sub-gingival calculus begins to form. I would say it could form at any age that that child can develop a gingival infection or a gingival inflammation.

We are speaking of sub-gingival calculus because that inflammation will create the conditions that are conducive to the formation of sub-gingival calculus. I don't believe that sub-gingival calculus, as we think of it, forms except in the presence of inflammation. I believe the inflammation comes first and the sub-gingival calculus later.

MEMBER: I'd like to ask what is the inflammatory agent in that case that produces that sub-gingival calculus?

DR. LEABO: I am afraid I couldn't enumerate all of the things. I can't think of too many in a young child. Sometimes you find gingivitis of that kind following a severe illness that the child had suffered, and it may be during that illness, just as with an adult who is confined to the hospital for a long period of time, there is no mouth care; their diet is entirely changed; they are placed upon soft foods; no cleanliness is used. Those soft carbohydrate foods are allowed to accumulate and ferment, and then you have a chemical irritation as a result of fermentation and putrefaction and bacterial growth. That could be. There are many things that might cause it.

You see children with gingivitis, and it is very difficult to determine the cause of that gingivitis or just what might have produced it.

The physician sees the patient with the gingivitis and he says that it is usually Vincent's infection, if he can get a smear. I think it has been estimated that something like 86% of all smears show Vincent's infection or spirochete. That isn't my figure—I just mentioned it.

LEADER KIRKLAND: Are there any questions concerning nutrition or the use of vitamin therapy in the treatment of periodontal disease?

Dr. Leabo, what do you think about Vitamin C therapy in the treatment of gingivitis?

DR. LEABO: Well, I have been told and I have read, as many of you men have, that, in cases of gingivitis, that Vitamin C should be given and that it aids in the repair of the tissue.

I don't think anyone would claim that it would eliminate the gingivitis because, again, we come back to that old sub-gingival curettage and your local treatment and good home care. While Vitamin C might have some effect in that connection, I am not smart enough to say that it is the Vitamin C lack, and not a half dozen other things, or if the condition is nutritional or has a nutritional foundation.

I would take my patient and be assured that they are getting plenty of orange juice or grapefruit juice. I'd rather give them the Vitamin C that way, and I'd rather be assured that that patient, especially if these are young patients, is getting a quart of good milk a day. If that child, especially a girl, isn't getting out or getting plenty of sunshine during the wintertime (and very few of the girls do) I would put that girl on concentrated cod liver oil or Vitamin D. I believe Vitamin D would do them as much good, or possibly more than some of the other vitamins.

I would not put them on Vitamin C right off the reel because I am not smart enough, as I tell you, to know whether concentrated doses of Vitamin C are going to be the right thing for that child or not, but I do believe that eight ounces of orange juice a day certainly isn't going to hurt the child and I try to get them to do that and drink the quart of milk.

One more word—I don't see any reason for picking on Vitamin C any more than I see any reason for picking thiamin chloride out of the B complex group in the treatment of a lot of other things. It appears to me, just almost from a layman's standpoint, that if a patient is deficient in thiamin chloride, he is deficient in nicotinic acid or in riboflavin, and the other B vitamins, what harm is there in giving a B complex instead of just thiamin chloride? I just don't get that.

I am trying to reason as a layman. I am not a professional man in reasoning on those lines, and I am not speaking as a dentist. I am speaking as a layman, just thinking these things over and considering nutrition from a common sense angle, from the standpoint of the foods that God Almighty put for us to eat and which we are supposed to eat.

The very fact, as I said last night, in my paper, that we have to give vitamins and that we are resorting to the vitamins of all kinds, is an admission that our nutrition is deficient, and I think that is a terrible criticism of both medicine and dentistry because we are just simply not doing anything about it.

MEMBER: What part does lack of use play in this setup?

DR. LEABO: In answering this question, we must assume that our modern nutrition, our modern diet, is wrong. Let's assume that to start with.

See what happens first before non-function ever arrives at the mouth. Every tissue in the body has suffered a long period of starvation. Every organ and every tissue has suffered—the mucus membrane and the gingival tissues. That is why you asked the question a moment ago about the administration of Vitamin C.

It is a complicated thing. We have separated the vitamins from the essential elements, thrown them away, and we have largely substituted the concentrated carbohydrates, unfortunately, for the natural foods. Now, with the substitution of these soft foods, our masticating function has suffered in the same way.

We are no longer growing jaws big enough to hold thirty-two teeth. I think anyone will admit that. That is why we have impactions—we have just got four teeth too many right now, and sometimes many more than that. We can't seem to grow a jaw large enough to accommodate thirty-two teeth.

Any boy that goes to an agricultural college or school in North Carolina or Louisiana or Texas or any section of the country and studies animal husbandry knows very well he can't grow good animals unless he feeds them right, and he knows everything about feeding those beef cattle on his land. He knows how to feed those hogs—and they are particularly susceptible to nutritional changes, incidentally. He knows how to feed the chickens, and he knows he has got to feed every one of them just right or else it will cost him money. But the little boy and girl running around the house are totally neglected. He doesn't know how to feed them. He doesn't know how to feed his wife and himself, even though he should know all of these things. He is totally ignorant except just in a general way.

Insofar as the production of periodontal disease—as I said in the paper last night (and it is not I who am saying it—I am just repeating what all of the authorities and the writers on periodontology have told us for years) periodontal disease and pathology is a degenerative disease and not a specific disease caused by organisms. All degenerative diseases, we believe, are the result, generally, of improper nutrition. Whenever you have improperly formed jaws which the orthodontists have to handle for you in nearly every child, your occlusion is wrong, you find adults with cusps that are no more worn at thirty-five or forty than they were when those teeth came in from six to twelve.

That leads you up to the question of trauma and traumatic occlusion. If we have good food—that is ideal, but it does exist; it has in the past and there are races of people where it exists today. You don't have to go back to the past to find these good human animals where mastication takes care of the occlusal trauma to a great extent.

LEADER KIRKLAND: Dr. Leabo, I am sure that I speak for the whole group when I say that we are deeply grateful for this extra information that you have given us this afternoon.

I will turn the meeting back to Dr. Kiser.

DR. LEABO: Let me express my appreciation of your interest and your thoughtfulness in being tolerant with me during these discussions and last night's paper. I thank you. (Applause.)

DR. KISER: Dr. Leabo, I am sure that the interest with which these questions were propounded to you is an indication of the appreciation of our membership of your lecture and slides, those you were able to show last night. We are deeply grateful for your grand contribution to our program this year. We have not only enjoyed your contribution from a scientific nature, but we have enjoyed knowing you and your charming personality. Thank you very much.

Gentlemen, the next subject which is to be discussed this afternoon is that of "Exodontia." Dr. T. L. Blair of Winston-Salem has kindly consented to act as your presiding officer.

We will try to confine our questions to the subject of exodontia and oral surgery. We have our grand friend from Atlanta, Georgia to answer our problems for us.

LEADER T. L. BLAIR: Thank you, Dr. Kiser.

I know we are all anxiously looking forward to hearing if the other fellow has the same kind of problems that we do at home. We hope, according to Dr. Conner, that this absent treatment that he suggested to all our problems will be taken care of when we get home.

It is my great pleasure to have Dr. Conner with us this afternoon. We want your questions short, concise, and to the point. Let's not have too much elaborate discussion because the other fellow has a question, too, on his mind.

I have some questions myself here. I know that we have been in trouble and I remember the first hematoma I got. I started running looking for help. I remember the first case of intra-orbital leukemia I had.

The first question, to start the ball rolling, is "What are the most common causes of post-extraction pain?"

DR. CONNER: Dr. Blair and gentlemen: This business of you asking me questions is quite different from me telling you. The answers to these questions will be given in the simplest possible way because we want to make our practice easier instead of more complicated.

So far as I am able to determine, the most frequent cause of post-operative pain is trauma. I think you can traumatize the tissues mechanically or by exposures. I think if you make an incision and retract the tissue and leave the area exposed for thirty minutes, forty minutes, or an hour without doing anything, you will get some pain. You expose bone tissue to the air, you dehydrate it. When you have no hemorrhage, I think you get pain. I certainly think if you take a dull instrument and take three or four times as long to remove a fragment or section of bone as you would with a sharp instrument, you will get more post-operative pain. I think the use of a local anesthetic that has too much vasocon-

strictor in it—personally, I use never less than 55. Years ago, we had a 25,000 epinephrine and we had no post-operative bleeding maybe for an hour. You had an open exposed socket and we did have more dry sockets in those days than we do now with the 50,000 solution or with a general anesthetic.

I think the patient is frequently the cause of post-operative pain in the way they treat their mouths following surgery. I think if you remove nature's protecting agent, the blood, from the bone and leave the nerve filaments exposed to the air, saliva, and debris, you will get irritation that will cause pain. I think the more gentle you are with the tissues, the quicker you can get out of your field of operation, and the more nearly you have a normal blood clot, the less pain you will have.

MEMBER: Doctor, do you ever take blood from somewhere to put into the socket?

DR. CONNER: No, I do not. We have had some of that done in the hospital just as an experiment. We would have a dry socket and the intern would take blood from the patient's vein and inject it into the socket and let it coagulate, but it has not stood up. I never tried it because I think once you have an infected socket or a bone that has been exposed for any length of time, regardless of what kind of blood you put in it from somewhere else, I don't think it is stand up routine.

MEMBER: What is your idea of pain in the removal in an acute infection?

DR. CONNER: We remove a great many teeth that are acutely infected. There are acute infections that we do not remove the tooth from, and I must say that I have tried to differentiate those cases or separate them one from the other. We do not remove lower third molars when there is an acute infection. There are a few lower molars and bicuspsids which we do not remove.

I am inclined to think it may be a superstition or an observation made over a long period of years that dictates to me which I shall do, and it isn't scientific, but I remove most of the upper teeth — all of them, as a matter of fact. I don't in Vincent's infection or any infection that I can relieve in a reasonable length of time, but, on the general anesthesia, we do these acutely infected teeth.

I have been doing it for years, with the exception of the lower molars, and never the third one because of its proximity to areas that are certainly not very high in resistance because of the lack of drainage and because of difficulty in extraction in their cases. We don't do a hypercementosis that is acutely infected.

In other words, the teeth that we do are those that we can extract without any undue trauma. If I break a root, fracture a root, under an acute area, I do not attempt to remove the root at that time. Somebody will say, "What if the patient goes on somewhere else and they see that this root is causing all that trouble?" Most acutely infected teeth are easy

to extract. You break or fracture very few of them. I will tell the patient, of course, but in my explanation to my patient I tell them that if I can increase the drainage, if I can relieve the tension of the pus that is in this bone, if I can get more adequate drainage, I prefer to take the tooth out, but not under local anesthesia.

MEMBER: What part does sedimentation really play in the extraction of teeth in your work?

DR. CONNER: I don't know, Doctor. I don't know much about the blood picture of exodontia. I must say I depend more on observation. If I have a patient who really looks sick and I think he has a systemic disturbance that is not due to the tooth infection or needs medical attention, I would send the patient to a physician for general treatment. I give no general treatment in my office.

I worked for years with physicians, and I came along at an age when a young surgeon and I were in a state institution hospital in Tennessee where neither one of us had had any experience or training and we worked together. He let me do the oral surgery and I certainly had him do the systemic treatments. I have gotten along so nicely in that way that I have never trained myself to do general or systemic treatment. If there is a question as to the patient's physical condition, I will ask the physician for a report before proceeding, and that's awfully easy to get.

MEMBER: Do you find that pulling the tissue lightly together after an extracture with a suture or two helps to maintain the blood clot's life and prevent some dry socket or breaking down of the blood count?

DR. CONNER: Yes, Doctor. I think the closer you can approximate your tissues without any undue traction, and the smaller the area exposed, the less likely your blood clot is to break down. I use sutures not only in that way, but I use sutures in controlling post-operative bleeding.

While we are on the subject of sutures, in post-operative hemorrhages, in a very large percentage of cases, I use a couple of sutures and if the sutures do not give enough pressure, You can slip a fragment of gauze beneath that or whatever you like to use in your bleeders without having packed the socket with a great big dressing.

MEMBER: Do you ever remove the crease of the ridge following the removal of a very large molar in order that they more nearly approximate the surfaces?

DR. CONNER: Yes, we do. On the other hand, you certainly want to avoid removing bone that will make for a better ridge for a denture replacement. I believe the convenience and comfort that you give the patient is too high a price to pay for an inadequate support for a denture.

MEMBER: What is your opinion in regard to the use of penicillin in these infection areas?

DR. CONNER: To be perfectly frank with you, I have never injected a single dose of it. Perhaps I am biased, but we have institutions

that I have a lot of faith in that experiment with those things, and I have faith in the reports of some of these men that I have contact with. They have made some injections there that I can observe in a purely experimental way. My observation, Doctor, is that it's been a handicap in some cases and I don't believe it's done any good in any of them. I think the patient would get well on that treatment that would get well on well water or without any treatment at all, to be frank with you.

I think if you want to give penicillin you have got to have a certain blood level, a certain saturation, in order to get any benefit from it. I certainly believe in penicillin, but I don't believe a few drops injected locally will be worth anything because it's in too short a time to do anything real good.

The next question is coming and I will ask it myself — do you use penicillin or sulfonamides in tooth sockets?

I will answer that question in this way: When mercurochrome came along, I used a little of it, just enough to redden the lips and all of the dyes and all of the tinctures (and there have been a lot of them in the last thirty-five years) that I have observed are caused, it seems to me, by this wave that is created by a salesman in sponsoring these various and sundry treatments. As I told the jury once, I have used iodine on this field to sterilize. To be frank with you, I doubt if the iodine did any good, but it satisfied the jury. Our patient said to me, "What are you putting in this socket?" I said, "Sulfathiazole. I don't think it will do you any good, but it won't be my fault if anything happens because I used sulfa on it."

I was out in Houston, Texas, a few years ago at their state meeting. I have a lot of respect for some of the men in Texas who do this work and have been doing it for a long time. There were two or three of them that were filling the sockets of all third molars with sulfanilamide crystals. I never put any in the socket. I came home and I filled two or three sockets full of these crystals and about a week or ten days later, I had to dig it out. I used some check cases, and when you come right down to it, there are only 2% or 3% or even 5% of your cases that are going to give you post-operative trouble. Why fill all of your sockets with this crystal to keep those 5% from having trouble when the treatment is going to cause 10% of them to have trouble?

I saw my friends, especially Sam Block, and I said to him, "Sam, how about your sulfanilamide crystals — what are you doing?" (This was three or four years later.) He said, "I have the very thing for that now." I said, "You are not packing the socket?" "No, we have one of those little dusters and we just frost this surface with some of this powder. It works beautifully." I said, "Sam, the less dusting and the less frosting you get, the better off you are, aren't you?"

In other words, he had reduced the quantity of his sulfanilamide to a mere frost, and I am convinced that the reason he is getting so much better results with that frost is because the frost is just about 5% of the treatment that he formerly used.

Now, I'd like sulfathiazole powder when I have a good deal of bleeding, rather free bleeding, in most any socket, particularly the third molar. I believe that I use it to control the bleeding probably more frequently than anything else. It apparently will cause some coagulation, some stability of clot, and it doesn't break down like one of these clots that is powdered up.

As I say, I use this sulfonamide in chemotherapy more for the benefit of the jury than anybody else.

I think I am in a rut, probably. I don't want you to take this as final. You are scientifically trained, you have been educated. I never went to school, so do your experimenting with this stuff, but for goodness sakes, don't get hypnotized and think because you cure twenty-five cases with it, it is going to cure all of them because it won't.

I won't put it in everyone that comes along. We get in the habit of administering this, that, or the other thing and it becomes more or less of a superstition and we are afraid not to.

MEMBER: Here is a question that was handed to me — I don't know who the daddy of it is.

Is oral surgery an asset or a liability to dentistry?

DR. CONNER: Our remarks were to be confined to exodontia or/and oral surgery, but I must say that the dental profession would fold up and die if it weren't for oral surgery.

I don't know how to answer that question, Doctor. Necessary evils apparently sprang up. If they are good, they will live, and if they are of no value, they will perish.

While there is a lull in this show, I want to sell you something. I sold you aspirators a day or two ago and today I am selling the Journal of Oral Surgery. I may be expelled from organized dentistry for doing this, but this is a publication that has been published now for six years approximately by the American Dental Association, sponsored by the American Society of Oral Surgeons. I want to say to you men who are interested in oral surgery and want to become better informed on most any subject, if you will subscribe to this Journal, I will guarantee that you will really be well repaid. Don't forget that if you want some real information.

It isn't a privately owned institution — it is your institution and it needs your support. I think if dentistry will support our own groups, our own organizations, not for our benefit (this isn't for what it is going to do for you, but what it is going to do for your patient) we will be much better off. I think that should be our attitude in all this socialized medicine and everything else — forget what these things are going to do for you or your profession, but think of what we are going to do for the patient to make it well worthwhile for our institution.

MEMBER: What about premedication or apprehensive surgery?

DR. CONNER: Premedication — you mean as a sedative?

MEMBER: Yes, sir.

DR CONNER: I believe in very little premedication in the office.

For my hospital patients, we use $\frac{1}{4}$ morphia with 150 atropine. Very, very seldom do we ever give a larger dose. I don't want my patients to sleep any longer than is absolutely necessary. I avoid very much premedication.

In the office, we don't use very much premedication. We use luminal, a grain and a half, or we use this pretty good thing that is out — five grains of aspirin, I believe, with a half grain of nembutal.

Where the premedication has been heavy enough to make the patient groggy, it is a little easy, perhaps, to carry them through the anesthesia that you prefer, but you will have to nurse him the rest of the day to get him over the grogginess. So, I don't use very much premedication.

I think the conversation that you carry on with your patient has a lot to do with it. I think the first contact that you have with that patient influences the reaction that the patient is going to have. I think if you can go in and carry on a conversation with the patient and then give him a local anesthetic, you can make him faint or enjoy it. You can virtually hypnotize some of these patients with your confidence and you can scare them to death with your lack of stability and lack of positiveness. When I go to church I want the preacher to tell me — I don't want him to bring in all these ifs and ands, I want him to tell me; when a patient sits in my chair for an extraction, I tell them in no uncertain terms, without any ifs and ands and they like that, and go right along through it. If they don't like it, I am positive enough to get up and go, but I like to have him love me before I start to work and have a lot of respect and belief in me. In your conversation and contacts, you don't have to talk to them all day.

Just as a side line, we had a little come into my office a few years ago. He was led by his mother. He went into one of the back operating rooms, and after a few minutes I went in. The boy was conversing in a very calm and nonchalant manner. I said, "Is there something I can do for you today?" The mother said, "No, doctor, we have a problem to solve and we are going to work it out ourselves. We can do it." I said, "I believe you can. Call me when you are ready." In a few minutes they passed back down the corridor. The mother said, "Doctor, we will see you tomorrow or the next day. We haven't quite solved this problem."

The next day and a few days went by and then they came in and went to the same room and the same conversation went on when I went in to see about my patient. But the little boy was just a bit positive he wasn't going to have it done, and the mother wasn't quite as calm. In a few minutes they passed down the hall. "Doctor," she said, "we will see you again in a few days. We really are going to solve this thing ourselves." I said, "That's fine — I believe you can."

In a few days, they came back and went to the same room. I went in and the same conversation was getting under way, but I lingered just a minute to see if I couldn't be of some assistance because the mother seemed as though she was just about worn out. She said, after a minute or two, "I am going to call your father and he will come down and tend to you." I said, "I know his dad is a very busy man. If you will just leave John here with me for a few minutes and give me authority to go ahead and do this, why we will save his dad a trip down." She said, "I wish you would."

So, I went over and whispered a few nice things to Johnny. He stamped his foot and said he wasn't going to do it. With another turn or two at arguing, we got nowhere. So, I took Johnny by the arms and set him down in the chair and the nurse clapped an inhalator over his face. He let out a mighty yell — "Doctor, doctor, just a minute, just a minute! ! !" I said, "All right, what is it?" He said, "May we have a word of silent prayer?" (Laughter.)

We had a word of silent prayer and no more struggle or effort. So, now we recommend silent prayer.

MEMBER: Do you use cellulose packs after extraction?

DR. CONNER: Ye, we do occasionally. Oxidized cellulose, I think, is very good. I think it can stay in the office until it isn't worth anything. It should be fresh.

You wouldn't fill the cavity with it. I like to use it just on the surface.

I think somebody will ask about gelfoam. That is the next thing coming up. It's awfully hard to tell how much good it does. I talked to Jim Harpole. I have more respect for Dr. Harpole in these things than most anybody I know. He has had an awful lot of experience in the college clinic and hospitals, and he is one of those fellows that hasn't made his living out of the fees he got from patients. He was in the institutional work, but he never lost his touch of interest for those patients.

He told me Monday that he was inclined to believe that gelfoam was helpful when he did a large cyst in the mandible and did not remove the vessels. They would take a strip of gelfoam and place it over these vessels from the distal portion of the cyst to its anterior portion. At one time, and on a number of occasions, he filled this cyst with gelfoam and those that he had filled almost to their brim or had completely filled had broken down. Apparently, the gelfoam, after it was incorporated in this blood clot, had increased in size and caused some trouble. But he thought if he filled the cavity no more than a fourth or a third with this gelfoam that it was beneficial.

So, the same with this oxidized cellulose. I like to put it on the surface and then take sutures with a half-round needle and put on a suture. It may be a little easier to put your suture in first, and then you won't need your gelfoam or oxidized cellulose. Then, you slip the oxidized cellulose underneath the suture and put a hot wet compress over that for a few minutes, and I think it helps in those cases.

MEMBER: Dr. Conner, if a patient approximately eighteen to twenty years old presents themselves to your office and gives you a history of a tendency to low coagulation, and, having had the experience with hemorrhage before, what would you do? What would be your method?

DR. CONNER: I'd send that patient to a physician. He will give him calcium glutinate or Vitamin K or thrombin or various and sundry treatments. I do that, again, for the benefit of the jury more than any other thing because there are so many cases in which they will tell you that they are bleeders, and you have got to believe them because sometime one will tell you the truth.

But I send that patient to a physician and ask him to give me a report on that physical condition, especially the coagulation. I think that coagulation time has frankly no relation to bleeding time. I had a little boy whose coagulation time was four minutes. I think he is the driest case I have ever done. I did the third molar, and he had absolutely no post-operative bleeding. There is so little relation between bleeding time and coagulation time that it doesn't matter only when you have a positive history.

If you have got a real bleeder there is no doubt, if he is eighteen years old, but what he will tell you before you have time to say a word and you will know that he is a bleeder.

MEMBER: What is your procedure for a perforated sinus with no root in the sinus?

DR. CONNER: In those cases, it is my practice to remove as much of the buccal and palatal crease, of alveolar, as the patient can tolerate without mutilating the ridge, and then I suture that. After I put that suture in, if they have a posterior tooth, I will take some of this oxidized cellulose or just plain gauze, and put over this cavity just a pad on top of the suture, the line of the suture. Then I take a piece of dental floss and make a figure eight around the distal tooth and medial tooth which makes an X right over your palate that holds that in place. That will protect that area against a vacuum that is created in the mouth. I advise the patient not to rinse the mouth. I also advise him not to blow the nose clear. I demonstrate how to clear the area. If you hold your nose tight and blow, you are going to probably blow the blood clot.

MEMBER: How long did you leave that on there?

DR. CONNER: I take it off the next day. In practically twenty-four hours, that tissue ought to be pretty well united, if it is going to unite.

By the way, I think a very important thing is to have the co-operation of the rhinologist because the opening from the nose into the sinus closes and the sinus is aerated, and any blood that happens to drain into the sinus can't drain out through the nose and then you will have a breakdown of your blood clot. If you can keep the sinus aerated through the normal opening, I think it is very, very beneficial and it is important that you do it immediately.

Before I assume this condition exists, I will ask the patient through the rhinologist. If I have a tube that looks as though it probably penetrates the sinus, I will tell the patient. I show him on the X-ray that he might have an opening into this sinus, and if he does to ask his doctor or whoever treats his nose to cooperate with me in treating.

MEMBER: Would you recommend penicillin in case you have a sinusitis?

DR. CONNER: There again, that is for the physician. As soon as the patient goes to the physician's office, I tell him that perhaps it is well to give the patient prophylactic treatment of penicillin. He may give him 300,000 units in the muscle immediately, perhaps the next day or two, depending on conditions.

MEMBER: When do you use hot and cold applications following the removal of an impacted third molar?

DR. CONNER: We use ice packs on all traumatic injuries of surgical cases for twenty-four hours. We tell the patient to leave it on about half the time — on five or ten minutes and off five or ten minutes. At the end of twenty-four hours we discontinue. Occasionally, we will let somebody use it longer if they say it makes them feel awfully good.

I would say cut the time down to about a third. It won't chill the bases. We use ice because its first reaction is to reduce the size of your exposed tooth, of your surface vessel, thereby preventing so much fluids from the wound from entering the tissues in the cheek. That avoids swelling — is supposed to have prevented it. After the first twenty-four hours, I don't think it has any beneficial effects.

Then, when we have swelling caused from infection, we never use ice because I think the more blood you have in that area, the more likelihood you will have of nature neutralizing the infection. We apply heat in those cases. I like a magnesium sulfate saturated solution applied with three or four layers of old shirt or sheet or cloth and then a hot water bottle or electric pad on the outside. I like that just as much as I can.

You will say won't it draw it to the surface. I don't think so. I don't believe it does. I think anything that will come to the surface with this heat will come whether you apply heat or not. It may come a little faster. You have got an infection and you have pus, and you can't drain intra-orally — you want to drain it extra-orally, and the quicker you do that, the less scar you will have and the less likelihood of periostitis.

MEMBER: One more question — occasionally, you run across a secondary hemorrhage four or five days following the removal of an impaction. Is that due to an infection, do you think?

DR. CONNER: Most of the secondary hemorrhages that I have come from granulating tissues perhaps next to the adjoining tooth or a peripheral. It may be a new vessel that doesn't have enough muscle tone to close if a little vacuum or trauma or bone shaving happens to cut it.

I use, in those cases, a compress that will take care of most of those. Most of that treatment is done over the telephone, at night, strange to say. I will tell them to take a ball of cotton about twice as big as your thumb and put it over this cavity that is bleeding which may happen a week afterwards. We have them like that right along. I told them to leave it there for five or ten minutes and then take it out and put in another one. I said, "Get a tea ball and boil it for about five minutes and make a cup of strong tea and saturate another ball of cotton in that hot, strong tea and put it over that and go to sleep, and I will see you in the morning. I have tried to be very harsh and to give them the impression that it is going to cure them without any doubt.

MEMBER: Do you have any trouble from secondary bleeding from alcoholics?

DR. CONNER: I don't have much trouble with these alcoholics. I think that is just because they leave me and get drunk and don't come back for a week, and then by that time they are healed.

MEMBER: Maybe they drink more in the town I am in. I have a little trouble.

DR. CONNER: I haven't noticed any particular difficulty with my alcoholics, and we have a good many of them.

MEMBER: I have had a couple of cases where they are drunk and have a secondary hemorrhage, and they keep on drinking continually and I couldn't stop it. If you did stop it, it would only stop for a short period of time and if they continue to drink, it will break down again.

DR. CONNER: I think if you injected vitamins it might help. I have never had any experience of that kind.

MEMBER: Have you ever had any experience with Vitamin K deficiency prior to extraction?

DR. CONNER: I have had a few patients that receive Vitamin K, but, you know, Vitamin K deficiency is a pretty rare thing if the physicians in my neighborhood are correct. If you had very much vitamin deficiency in animals in the section, in the cattle, you'd have it in the people. But you don't have it in the animals and therefore we don't have very much in the people. I haven't had any hemorrhages in a long time. Maybe it is just because I operate when the signs are wrong.

MEMBER: What do you think of the use of ethyl chloride as a general anesthetic in the case of children?

DR. CONNER: Doctor, I have used very, very little ethyl chloride. We have a couple of men in our office who had a year at Forsyth. They came in and they used some ethyl chloride for a while. It wasn't long until they forgot ethyl chloride and used the nitrous oxide.

There again, I think it depends on your anesthetist. If you have an anesthetist who knows how to handle children and you use nitrous oxide, I have a lot of faith in it.

Those boys couldn't get as many extractions as they wanted to under that ethyl chloride anesthesia, but it must be all right because the people in Boston still use it and use a great deal of it. For any further information that you would like to have, I refer you to the Forsyth Clinic because I really don't know much about it.

We have had in the office, I couldn't ask just how many anesthetics this one nurse has given for me, but between 63,000 and 65,000 nitrous oxide patients that we have had, and we haven't had any trouble with it so far. I am awfully thankful for this cooperation and counsel that I get from her.

MEMBER: It is always embarrassing should we have a hematoma. I want to know if there is any objection to draining that immediately by incision, or any disadvantages.

DR. CONNER: Doctor, I have hematoma occasionally, not very often, following this novocain injection, which I think, if you stay a little further away, I am sure you won't have so many of. I don't like to slip the side of the needle up the surface of the bone periosteum where it can slip near these little vessels. I like to stay a little further away.

If I had a hematoma in my own mouth, I wouldn't want it drained. I'd leave it there. I'd rather have the hematoma than the surgery that would be required to drain it if it was in my mouth.

The worst, most embarrassing thing, that I have is when I do preparation for an edenture for an old patient that has a thin, thin mandible and not much more tissue on it than the skin. She'll come back the next day with a thick swelling just as blue as indigo and say, "You certainly did bruise me." It has happened so many times that I tell the patient, "I thing you are going to have a blue chin tomorrow." Then, if they don't, so much the better; if they do, why, you told them so.

Just like this paresthesia following the removal of the third molar. If you told them they are going to have it, it's all right, but if you don't, why—

MEMBER: Do you think that a needle that is sharpened in the office would leave an irregular edge or turned point is more likely to cause this hematoma?

DR. CONNER: I don't know. I have never used a dull needle, Doctor. I don't think so, Doctor—I don't believe anybody would make an injection with a needle that would have that many barbs. I just cannot conceive of it.

On the other hand, I think if you had one and put it in and it was forked, I think that you would lose a good many patients by using a dull needle.

MEMBER: I was basing that question on the experience of Thompson Millen. He had about 100 patients and gave out little sharpeners on a stick to all present. I didn't like it very much. I asked him how many he'd have. He said 98. He had been practicing the same time as I have.

I told him that I only had two and that I don't sharpen my needles that way. One of my fellow practitioners there sharpened his needle and had one the first time he did that.

DR. CONNER: I might add that I use a radium platinum or a radium and palladium and I haven't used anything else for years. I sharpen those needles. I use them until they are bent, and after it gets a hump I throw it away. But I do sharpen those needles, many times, sometimes, and I can't say that I have had a dozen or fifty or two, but I haven't had enough to make me want to stop sharpening those needles. I think you can sharpen a needle—I think it is perfectly all right. You have got enough mechanical ingenuity to figure out how you can sharpen them. If you don't, why then I'd get me a new needle every time you get a dull one.

On this radio platinum I like to sterilize that each time after I use it. When I make a buccal injection, it may be infected—I don't know. That is just another superstition, probably, that I have. I flame that needle. I have got a little gas burner in that room and I flame that needle before I make another injection.

I have been extremely fortunate in the small number of post-operative infections of any consequence that I have had, and I am afraid to stop doing that because it is just one of those things.

But if I can sharpen this needle, you can do it. They make a little plastic object impregnated with diamond stuff that makes a very satisfactory home or stone to get your needle on the place that you like it. When you put this needle on that stone, put it at the angle you think it should be and go right on through. Don't pick it up and lay it back down—go right through until you have cut a new face because you can't pick it up and start in at the same place again. If you do that, you will have a slightly turned point and a very thin drag from the stone.

I am deeply grateful for your letting me come up and associate with you for a few days because I always take home a great deal more than I leave with you. (Applause.)

DR. BLAIR: Thank you, Dr. Conner. I am sure we all enjoyed your presentation and wish to thank you.

PRESIDENT SANDERS: We will now recognize Dr. K. L. Johnson.

DR. K. L. JOHNSON: I am deeply glad to be able to introduce the next speaker on the program, a young fellow that I have known for some twenty-two years, one of the most diligent students of dentistry I think I have ever known, with the exception of his wife, who can take over his clinic without any trouble.

He has given clinics throughout the United States, at the Northeastern meeting, as well. He is from the Fourth District of North Carolina. He has done some practice in prosthodontia in Washington, D. C. where he has been practicing. He is a member of the American Denture Society and the American Dental Association and many others. Without further ado, I am going to let Dr. Leathers get started, so we can hear him.

DR. LINDELL L. LEATHERS: I am going to get down to a lot of serious stuff. In the first place, our time is cut somewhat short and I want to go through as rapidly as I can because we have got a lot of slides to cover, and I'd like to give you the most practical things I can to take back with you.

ESSENTIAL ASPECTS OF FULL DENTURE CONSTRUCTION

In the construction of satisfactory dentures, there are five essential requisites which I would like to stress. These are:

1. Non-pressure impressions.
2. Stabilized baseplates.
3. Selection and type of teeth.
4. Remounting.
5. Adjustment and grind-in.

As I go through the procedures, I will emphasize and elaborate on these points.

The kind of tray I like to use is one that will conform as nearly as possible to the anatomical contours we expect to encompass. I begin with the stock trays, but use several sets, and cut them to various dimensions to make them more adaptable to the varying types of cases. The Coe trays are well-suited for general use, but on occasion I use Kerr's Green-Supplee trays—particularly for shallow upper impressions.

The equipment and materials used in taking the impressions are a compound heater, blow torch, low heat compound, green No. 2 compound tracing sticks, and a zinc-oxide eugenol impression paste.

I prefer an accurate compound impression to serve as the impression tray for the final impression. For this purpose, I begin by using a slightly smaller amount of the impression material in the tray than probably will be needed. Any borders which seem in excess are re-heated and muscle-trimmed. On any deficient borders, compound is added and the muscle-trimming completed. There are certain areas where it is often necessary to add additional compound. These are, in the upper, distobuccal fold and across the area over the hamular notch and the entire distal border. In taking the initial upper impression, and also when compound is added to the distobuccal border and the area of the hamular notch, the patient should be instructed to move his jaw forward and to the opposite side from that being checked, about as far as he would in any normal amount of movement in order that there will be no impingement on these borders in the finished denture in excursive movements of the mandible, since such movements would tend to dislodge the upper denture and also create sore spots.

When the upper impression is taken, the excess of compound will flow down leaving the distal border shy, so additional compound is added in this area and the impression again inserted, after which still another beading of compound is added over the postdam area to insure adequate postdamming. A maximum amount of additional retention may be secured

when the case requires it (such as a shallow upper case with a flat palate) by adding a thin, narrow bead of compound along the juncture of the curve of the mucobuccal fold to the boney labial plate. Add this approximately an eighth of an inch down from the inside of the upper border and following along from the anterior to the prominent zygomatic area. The object of this is to compensate for the displacement of the compound at the border of the impression due to its deflection by the mucobuccal fold in muscle-trimming.

In the lower case it is often necessary to add compound at the distal border of the retrimolar pads. The distolingual of the lower *almost invariably* requires some added compound, and when the compound is traced along this area, the patient should be instructed to move his tongue forward a moderate distance and to the opposite side.

Since there is an excessive movement of the tongue and the floor of the mouth which effects the lingual border of the lower denture from the first molar on one side to the first molar on the opposite side, the most critical loss of retention occurs at this point. Due to the mobility of these border tissues, it is difficult to maintain a seal in this area. Consequently, since these tissues would not tolerate a deep, sharp lingual border, it is essential that we add compound to form a heavily rolled border (approximately $\frac{3}{16}$ to $\frac{1}{4}$ inch thick and well-rounded). These pliable tissues in the floor of the mouth can tolerate a slight amount of this sort of over-extension without impairment of function, and because of the contour of the rolled border they will not become sore.

Provided there hasn't been an overabundance of this material in taking the initial part of the impression, a bulk of compound about the thickness of a stick of compound is softened and added to this whole area (first molar to first molar) and while it is still soft, the patient is asked to start to move his tongue and is stopped immediately before he has been able to protrude it. No further movement is desirable, and with a little practice on the dentist's part, this part of the impression can be taken without the patient's having to move his tongue at all.

Throughout this stage of the preliminary impression it should be noted that the impression should be well out to the distomucobuccal fold in the lower, cover the retrimolar pad adequately, and that there is proper extension to or below the mylohyoid ridge in the distal and adequate extension into the floor of the mouth in the manner previously outlined. In the upper, keep in mind that we must have full enough extension into the mucobuccal fold, across the retrimolar pad, intimate adaptation across the distal, with a small amount of post-damming on the soft palate.

Consideration should be given to the resiliency of the tissues in order to avoid too much pressure over areas where the underlying hard bone is covered with thin, soft tissue. After making the preliminary compound impression and before making the final adaptation with paste impression material, such corresponding areas should be scraped in the compound. Since displacement of extra-soft tissue is to be avoided in the final impression, holes may be ground through the compound and metal impression

tray over the crest of the ridge to allow ready exit of the impression paste, since pressure is unavoidably built up in an area farthest away from the borders.

The zinc-oxide eugenol paste is then spread thinly in the compound tray, which is merely *floated* to place in the mouth with the least pressure possible. If any of the compound shows through the paste, it indicates that too much pressure has been exerted.

Models are boxed and poured on re-mounting plates, or can be scored for future re-mounting.

In my opinion, one of the essential steps in denture making is the stabilization of the baseplates. Since wobbly baseplates render correct mounting of the models impossible, and since incorrect mounting precludes our setting up of the teeth in proper centric or balance, resultant sore spots will develop in the finished case. I use two means to achieve rigidity and intimate adaptation of the baseplates to the models. First, reinforcing metal wire is bent and incorporated in the adaptation of the baseplate. All undercuts must be avoided to facilitate removal from the models. Baseplate should be adapted short of the retrimolar pad to avoid interference in taking the bite. Tinfoil is then adapted to the model, a thin impression paste is flowed over the inside of the baseplate, which is then pressed to place over the tinfoiled model. Care must be taken to equalize pressure or else the baseplate might crack. The edges of the tinfoil are turned back over the baseplate and thus sealed by the paste.

A single, whole treatise could be written on bite-taking which step in denture construction is the most inconstant factor and presents us with the most serious dilemma, for any mistakes herein may not only result in incorrect centric but also in unbalanced occlusion and resultant sore areas which many dentists attempt to erradicate as best they can by final adjustments inside of the dentures.

Since practice and experience do tend to bring satisfactory results by different methods, I shall not outline any set rule for bite registration. However, for the benefit of anyone not satisfied with his method in use at present, I will present one method which I have found quite satisfactory.

Compound bite rims are built up and vertical dimension as well as approximate equalized contact in centric is obtained. Correct verticle is most important and a free-way space should be provided as we have this in our natural dentition and a lack of it will, in time, result in a spiney ridge with a covering of flabby tissue. One of the best methods of checking vertical is to ask the patient to say "m" several times and hold his position after the last "m." Then we may ask him to close and note whether or not there was about 3 millimeters of freeway space. It is well to ask the patient to hold his jaws as they are at the end of the "m" exercise and to let his lips be relaxed so we can look to see if the space is provided. We may check this procedure several times in three or four minutes to be certain of the space. Centric is then checked by use of vertical lines scored on the compound at the center and bicuspid regions. The surface of the

compound of one bite rim is very slightly heated and the patient is asked to close, and if the lines jibe, the rims are thus luted together; and, after having used the face-bow first for mounting the upper, the models are mounted on an anatomical articulator.

Since any imbalance of pressure over the ridges even in centric may cause sore spots, we should equalize the pressure as follows. With the models mounted, a central bearing point gadget is attached to the compound of the lower on the lingual surface of the bite rim, and the smooth plate is carried by a wad of compound inserted in the palate. (This gadget is of the type presented by Dr. Coble of Greensboro). When the central bearing arrangement is adjusted to the vertical of the compound, two millimeters of the upper and lower compound rims are cut away and three millimeters of utility or boxing wax are placed over each rim and covered with tinfoil. The baseplates are then placed in the patient's mouth and excursive movements followed until the central bearing pin touches the opposing plate. When this occurs, a gothic arch tracing may be made or vertical lines used to determine correct centric. The rims are luted together and the lower model remounted for proper, equalized centric. If flat teeth are used, protrusive will suffice for condylar adjustment of the articulator. The whole anterior of the rims is cut away and thus the anterior teeth may be set up for esthetics and balance. The incisal guide pin and the incisal pin guide plate of the articulator are adjusted to bearing point contacts, the posterior rims are cut off, and the posterior teeth set and balanced accordingly.

Flat teeth are best for the procedure just outlined and have, I believe, many advantages over cusp-type teeth. Though most of you are aware of the reasons for the use of acrylic flat teeth in full denture construction, I will review a few. It is a fact that due to coarse foods, primitive peoples wear their teeth flat by the time they are twenty-five or thirty and have little or no periodontoclasia. Thus there is a theory that the purpose of cusps is merely to facilitate the eruption and arrangement of the teeth, after which they proceed to wear to flat planes. A lack of this pattern and the resultant lateral thrusts by cusps is believed to cause a thickening of the periodontal membrane and resorption of bone. This premise can apply to denture wearing as well, and is more serious because good dentures are our last recourse to happy, satisfactory and esthetic dentition.

Since ridges will definitely change anyway, causing a change in vertical and a thrusting forward of the mandible, all of the mesial inclines of cusp-type teeth will then ride against the distal inclines of the upper teeth thus creating horizontal thrusts, even when biting is centric, and a breaking down of the ridges. It would be far better to have flat, acrylic teeth which, as they wear, help maintain balance and good ridges, and — in wearing slightly — stay sharp and so help to cut the food better. This type of tooth enables us to set the teeth in any anterior-posterior relationship, and also set them in any vertical apposition so they may be kept on the center of the ridge for stability.

Anterior teeth with labial surfaces which are not too flat give a better appearance, when they can be used, as the high-lighting is broken up; and of course, they should be set irregularly for esthetics. It is preferable, when we can, to avoid too much overbite; but in cases requiring it, it is well to allow ample space between the upper and lowers anterior-posteriorly providing for some free excursive movement to avoid harsh horizontal thrusts.

The cases are processed, and leaving them on their models, are re-mounted on the articulator. In almost every instance faults will have occurred during processing. If the incisal guide pin is set before processing, it will be open when the cases are re-mounted. Corrections should be made at this time as they would be difficult to find when placed over the soft tissues. A slight grind-in on the articulator with pumice and glycerin paste is advantageous.

The adjustments made at the time the patient is to receive his dentures should go a long way toward creating a happier patient-dentist relationship. It is far better to check places we may anticipate will give trouble than to have the patient suffering and complaining of sore spots with the consequent interruptive appointments.

Even though non-pressure impressions are an advantage in that much greater retention of the denture is made possible if they are perfectly adapted when the tissues are at rest and the teeth out of contact; still with this type of impression, hard areas will take the stress of biting and chewing first, and certain of these must be adjusted in advance to avoid sore spots. These are usually as follows:

1. The lingual incline of the lower at about the cuspid and first bicuspid area.
2. The area of the lower corresponding to the mylohyoid ridge.
3. The lingual frenum of the lower.
4. The area along the median line of the hard palate.
5. The inner surface of the distobuccal plate of the upper.
6. The distobuccal border and the outer distobuccal surface of the upper.

Coerex is the best material I have found for these adjustments. It comes in tubes, which are difficult to handle, but the pound jar costs less, and a small amount can be put in a coldcream type jar and kept warm on the top of the sterilizer (once it has been heated sufficiently inside). This soft, white wax can be applied more readily and accurately with a fine brush.

To check a hard area, the creamy wax is painted on the denture which is then slowly seated in the mouth with light pressure; then an alternate, extra pressure is applied—first on one side and then the other—simulating the slight shifting movement that might occur in chewing. The spot needing relief can be seen readily and accurately adjusted. The disto-buccal of the upper should be checked with Coerex by painting it on and having the patient move forward and to the opposite side, but no farther than to allow

for only a normal amount of freedom of movement. This area is the one which may often cause dropping of the upper as this is caused by a crowding of the ramus of the mandible.

The lingual frenum of the lower may be corrected by the painting of Coerex and having the patient move his tongue only slightly forward and out. All areas adjusted should be highly polished.

Regardless of the method used to obtain a bite and balance occlusion, none is perfect, and we can only approximate accuracy up to this point. However, the perfect distribution of pressures and balance so necessary to the comfort and mechanical functioning *can* be accomplished if we have first come close to it, providing flat posterior teeth have been used.

To do this, anchor the plate carrying the central bearing point to the lower denture with compound. Lubricate the palate of the upper denture, place a wad of a compound in it and anchor the smooth plate to it. While the compound in the upper is still soft, the pin in the lower should touch the upper smooth plate just slightly before the occlusal surfaces of the teeth touch. Then, holding the dentures in the hands (with the upper compound still soft) a slight excursive movement is made to the extent of the normal movement the patient is likely to exhibit. If the soft compound in the upper is not too full, the lower central bearing point will touch the upper bearing point plate in all excursive movements.

The central bearing point is raised by turning the screw about one-half turn. A thick paste of glycerin and pumice (flavored with oil of peppermint) is spread over the posterior teeth and the lingual and incisal edges of the upper anterior teeth, the dentures placed in the mouth and the patient is instructed to make short, rapid excursive movements to the left 15 or 20 times as well as to the right and also anteriorly. Keep adding paste to the buccal of the upper posterior teeth and labial of the upper anteriors and it will slowly flow down and hasten the grind-in. (Occasionally we find that if the patient had difficulty in making the excursive movements while we were obtaining the bite, he will have difficulty in giving us a controlled grind-in—in which case it is usually better to let the patient wear the dentures for two or three weeks after which he will perform the grind-in quite effectively.) The pin is then lowered a half turn, paste added, and the grind-in repeated. The pin is lowered one-eighth turn and the final grind-in made achieving perfect balance.

The entire grind-in procedure should not take over ten or fifteen minutes and will save us many subsequent appointments for adjustments. The satisfaction, both to our patients and ourselves, will bring in a greater volume of denture work, more profitable in every respect. Moreover, the preparation for these procedures, once fully understood by the dentist, can be taught to his laboratory technician. In the final analysis, the saving of time through less need for adjusting dentures after insertion will compensate for the little additional time consumed in constructing them.

(Slide No. 1) The point that I want to stress is, first of all, the part non-pressure impressions play in the selection of teeth, in the grinding.

(Slide No. 2) The type of trays that I like to use are trays that come as nearly as possible to fit the structure that we have to cover without impressions.

These happen to be stock trays, cold trays. They do fit fairly well although I don't use them altogether.

(Slide No. 3) I take these stock trays and cut them down to fit various cases. By the time I actually get one, I have probably taken several sets of these trays because you can't take one set and expect them to fit every mouth.

(Slide No. 4) Here is another example of one of the stock trays right here. That has been cut down (indicating) and this is a tray that may be cut down, a stock tray.

(Slide No. 5) Here are two more of those cold stock trays which are very good. But, in cases where we have a very flat palate and where the ridges are very shallow, and in cases where we have practically no ridges at all in the lower, the general supply trays put out by Kerr come in handy occasionally.

(Slide No. 6) These are the materials I think are necessary in taking impressions: Low heat compound, a little alcohol blow torch and heater, and some of the soft eugenol pastes.

(Slide No. 7) The areas, of course, that we shall cover—the molar pads back just as far as we could. In taking the impressions, I like to use a tray that is fairly as small as I can. As far as the metal tray is concerned, I don't consider that very important at all. The important thing in taking an impression is to take as small amount of compound as we can, less really than we think we will need so we won't over-extend all the borders of the denture. I'd rather have too little compound than too much and add to it where necessary. Actually, I don't intend to use the compound tray as an impression at all. By the time I get through, it is nothing more than a tray.

Some of the things that are done to the compound impression make it only a tray. It doesn't even begin to carry the whole outline of the finished impression. Since we use a small amount of compounds, all of the borders must be rechecked so that the process can be repeated, if necessary. At least, we should examine all the borders after a compound. If it needs to be added to, we add. Where we need to displace some more, we do that and the compound is rolled out of it. There are several different areas that we can count on in adding an additional amount of compound if we expect to get a good impression. That is around the distal bulbal border of the lower and the distal lingual border of the lower—. The later is another place where the compound usually doesn't flow sufficiently well to cover all of the areas we hope to cover. The most important part of the lower impression, I think, if we expect to get suction with the lower denture, is the lingual border of the denture from the first molar on one side and the first molar on the other side. In that area, in taking that part of the impression, be sure that the compound is quite soft. If neces-

sary, I heat a compound up, and if I find that when it is quite soft (I have put it in the patient's mouth without having them go through any movements at all) and isn't displaced at all, then I add compound to it and sometimes quite a lot of compound because that border should be approximately a quarter of an inch thick, that is, the roll should be about a quarter of an inch thick. The purpose of that is that it is one place in the mouth where the patient's tongue is moving up and down rapidly all the time and the floor of the mouth is moving, and, in order to have success in that area, that part of the border of the lower denture can be slightly over-extended, if it is rounded. The reason it has to be rounded is the same principle concerned if we took a string and passed it over a knife—it would be cut immediately, but we can pass it over a rolling pin all day and it won't break.

The tissue will tolerate it around the border like that and we can get the slightest over-extension, not enough to displace the denture. At the same time, it will aid in giving a great deal more suction than we can get with a thin lower lingual border.

In the upper one, on the distal buccal border, I usually add quite a lot of compound. In taking that part of the impression, I just add it one side at a time and have the patient move his lower jaw slightly to the forward and the opposite side from the side on which it is added so that the mandible will make an impression against the border of this distal border and the buccal border, and allow for enough room so that we don't get a kicking of the denture there in the final finished denture. I think, many times, some of our failures are a result of the fact that this distal buccal border is either too thick or too long, and we don't get a sore place—all that happens is that this wide, flat expanse of the range of the mandible will hinge on that and kick it forward and the suction will be broken, causing the denture to fit improperly. I will bring out a way of correcting that later.

Also, since the compound would have quite a tendency to drop down in back in the upper one, we add the compound across the back and put it in quickly while it is soft. Any place we have a ridge that has soft tissue that can be displaced easily makes it necessary for us to take a vulcanizer and scrape that compound.

(Slide No. 8) Another place where we found a soft ridge is particularly in the upper or lower across this crest of the ridge. We should examine that and determine how much we need to scrape that, especially in the molar pad, because those pads vary a great deal in resiliency. Sometimes they are quite thick and can be displaced easily. For every bit of the pressure that we place against new tissue, we will have that same corresponding resistance or counter action of pressure to displace the denture. That is the reason I am stressing non-pressure impressions. We expect to have a well adapted denture with no pressure—in other words, when the patient opens his mouth, that is the time the denture is most easily displaced or will drop from the upper or rise from the lower. If the denture is adapted perfectly, when there is no pressure, we will have a good suction, whereas if these tissues are depressed or dis-

torted, then you will have all this distorted tissue trying its best to resume its original position, and in doing that it will break the seal and the suction will be lost. So, this area in through that molar pad should be scraped. That is why, as I said, the result is not an impression. By the time I get through it isn't an accurate impression at all. So, this is scraped well and if there is soft tissue across the ridges, that is scraped too.

Another place to be scraped in the compound, since we are going to take a non-pressure impression, is the area where the bone is very hard and where we have a very thin amount of tissue overlaying that bone. In the lower ramus, lingual walls, there is very often slight eminence of bone heads there; sometimes it is so slight we can hardly see it but it is there. Whether there are or not, the tissue is very thin overlaying that bone and in order to keep from getting pressure on that tissue, the compound impression should be scraped in this area.

(Slide No. 9) In taking the final impression, I like to use one of the softest impression plates that I can use. When I use it, I try not to get too much bulk of it and I don't want to add to the length of the border any more than I can help. I add enough that I am sure I will get an adequate impression of all of the tissues but not in great excess at all.

Anyway, I just add a small, fairly small, fine layer of the pastes, added all over the upper and lower, and those impressions are plotted to place. When I say plotted, I mean there is absolutely no more pressure put on that then we can possibly held to put this in place. Actually, it is a matter of floating—almost no pressure at all, because any time you get any mound showing through, we might just as well scrape all of that there and start again because the tissues have been compressed and it is very difficult to keep track of especially if you are making up several cases. It is very difficult to keep track of little individual spots that have been over-compressed and distorted and try to make the adjustment in the final denture. It is easier to make a perfect impression from the start.

This picture shows this border which I have investigated and, in taking the upper one, the only place where I believe we can slightly compress tissues without getting into trouble, and where it is an advantage to do it, is across here (indicating) and some times half way between the center of the palate and the center of the ridge, right in through this area. We must examine it diligently to be sure that there is some tissue because that also varies in different patient's mouths. We can add a small amount of wax here or scrape the stone model across this area (indicating) on each side, and also add wax and put it back in place or scrape that one. But we ought to have a later scraping in the area across the distal part and in that scraping, if possible, we should try to know our land marks, and know them well enough so that the upper denture won't be extended more than probably an eighth of an inch over the soft palate, but that is where the scraping should be done. Keep away from the hard palate if you can.

(Slide No. 10) This shows the little area with the roll border. No matter how perfectly fitting the lower denture may be, if we don't have this roll border in here, we can't expect to get very much suction with the lower denture.

(Slide No. 11) In running the models, I prefer to run them on these little remounting plates. However, we can do it just as well by taking a knife and putting a little cross mark just before the stone while it is fairly soft so that the denture, processed denture, can be remounted when it comes from the lab.

(Slide No. 12) Here is the kind of model we get from that impression. It shows the roll border and lower lingual.

(Slide No. 13) In building our base plates, it is most important, I think, to get the base plates so that they are absolutely stable, so, when you get through taking the bit and mount your dentures, we can take the two stone models and place them together and see if we can rock them. If there is any rocking of the base plate on the models, that makes it impossible for us to know the impact, or what would be the correct position of those stone models. The base plate material, even though it seems hard, isn't nearly as hard as we think it is. By the time we get through taking a bit, unless that base plate has been reinforced and unless it fits absolutely perfectly, we won't get the proper mounting of the stone models, and so I take metal, bend it, so I get a reinforcement, particularly on the lower, and bend it—just ordinary fails.

(Slide No. 14) Then, the base plates are adapted and the nails are heated and laid on top of the base plates and the extra base plate material is held over the nails and heated and sealed over the nails. In adapting these base plates, they are going to fit so perfectly that we can't allow ourselves to get into the slightest undercut. We can't allow for the slightest undercut, because the tissue will give but the stone model won't. Since these base plates are going to be so perfectly adapted, we must keep out of any undercuts.

The places we have to be careful is around the medial highway bridge area in the lower. In order to be sure, since the base plate sometimes is a little bit thick, that we won't run into any interference in taking our bit, I don't let the base plate cover the retromolar. I keep them a half an inch or so away from the retromolar to be sure I don't have to waste time going back and doing a lot of trimming in case the base plate proves a bit thick. In the upper ones, the place we have to be careful of undercuts is in the distal buccal border and around the canine area because sometimes those areas do have undercuts, and we couldn't get the base plates off without cracking it.

(Slide No. 15) Now, to really get the adaptation, we take a little piece of tinfoil and cut it the approximate size. You can just put your fingers on it and get it half way adapted.

(Slide No. 16) It is going to be adapted by means of the impression, plate which is placed on the inside of the base plate. You put on just a

thin amount. Don't put too much because the more you put on and the more you apply force to it, the more apt the base plate will be cracked if we are not careful. If we add too much of this compound and press it down too rapidly, the plate might break. Use just the smallest amount of the eugenol zinc oxide base. In placing these, in forcing them in place over the tinfoil, we should make application of pressure with our fingers in all directions—otherwise there will be a danger of cracking the base plate and of course we wouldn't have a very stable base plate.

(Slide No. 17) The little eighth of an inch or so of the tinfoil, the little bit of the zinc oxide I have used, will come off if you squeeze it out of the borders, and the little border of tinfoil is suffed down, which seals it.

(Slide No. 18) In figuring out, determining, the vertical, there are so many methods that I think I will just go through a few of them. There is actually no definite set rule that we can use. We have to use a lot of common horse sense in determining the vertical, but there are certain things that will give us just a slight indication as to what we might go about and will help us in determining the vertical.

Usually, the measurement from the pupil of the eye to the mouth is approximately the same as the nose to the chin.

(Slide No. 19) Actually, the way that I think is most probably the best way to determine the vertical is by having the patient say: "M-m-m-m" a number of times, probably a half dozen times, and then stop. Then by just looking at the patient and asking him to close his mouth, you can tell yourself whether or not you have approximately 23 millimeters free way space, and that is most important. I think one of the reasons why we have so many of these ridges, the lower ridges (and the upper ones, as far as that goes) breaking down is because, in trying to get enough room for the teeth sometimes, and in taking the bite, we find that we are cramped for space, so we have a tendency to open the bite a little too much and that will cause the patient to create a pressure in all of his normal talking and moving and rest positions of the mandible, causing a constant pressure, almost, on the ridges tending to break down. In our own dentitions, most of the time we may think that we keep our teeth closed, but just try to catch yourself a few times, and you will find that we do keep our teeth apart. Our lower jaw is practically floating most of the time. We have a leeway of two or three millimeters—about two millimeters at least. We should have them in making our dentures—otherwise the ridges will get that additional pounding which will cause them to be broken.

(Slide No. 20) When it comes to the bite, I don't think that there is any perfect method of taking the bite. There are so many ways of taking bites that I wouldn't want to recommend any one way. I think that so many men have been taken wax bites and they have gotten fairly good results with it. I think if a man is extremely careful and he has had a lot of experience in taking a wax bite, he ought to stick to it.

However, I think that a great deal of the faults in our finished dentures probably occur from the taking of the bite and the reason of it is because in taking the bite, when the patient bites down, there is no way that we can keep that pressure equalized for any great length of time.

(Slide No. 21) If we use the central bearing point method and don't lock that in in any eccentric or any position by means of a little plate with a hole in it above, it is difficult to have the patient stay on one place. The reason of that is because even though when you take a base plate and set it on a stone model, you can't shift it at all if it fits perfectly, still when we get the soft tissue over the ridges, it is very easy just to take a denture and you can see for yourself you can shift it backwards and forwards. There are faults that can be corrected and I mean to bring that out later.

(Slide No. 22) I meant to say I like to use a safe—it gives an approximate mounting on your articulator. In taking the bite, the central bearing point method is used. (I am not advocating this at all—just showing a method of doing it.)

Most of you are quite familiar with this. With the tracing, this little plastic is placed on it, before the Gothic arts tracing. There is a little hole in this plastic, placed over the center or whatever position we want to record, and a lock nut holds it, and plaster is squirted.

(Slide No. 23) It is mounted on the articulator in this manner (indicating). It shows the Gothic art tracing with the hole placed over the apex.

(Slide No. 24) The reason it is kind of important to get it eccentric and conclusive is so that the teeth can be set up accordingly. While that isn't perfect, it is near enough perfect that, with the final grinding device (which I will show in a few minutes) it will give us something approximately close to what we can get in a balanced result.

(Slide No. 25) This is a little instrument that I devised just in order to check for my own satisfaction whether or not it is possible to get a bite by means of these Gothic art tracings. Actually, what it is, is that it has a central bearing point here and it has three little things floating on springs. At the time the central bearing point drops into a little hole, all three of these are locked simultaneously, and in doing that the patient can't chip quite as easily.

(Slide No. 26) I usually insist on a guide pin about a millimeter and a half to allow for the grind and these bite blocks are built up. First, the upper ones are built and flattened and smoothed and chilled and lubricated, and the lower ones are built up then until they are within about a millimeter and a half of touching the upper. Then, some soft compound is plotted over these lower bite blocks, and then the case is closed and slightly moved from right to left so we get a movement which is continuous in all positions, contacts which is continuous in all positions, over these bite blocks.

(Slide No. 27) The purpose of these bite blocks is so we can remove this incisal guide pin, which is calibrated, so I can mark that recording and keep that reading and always come back to it if I wanted to.

When these bite blocks are in place, the anterior teeth can be set up and it can be tried in the patient's mouth for esthetics.

(Slide No. 28) I think it is well to seal these plates to the models because very often when the teeth are being set up, when the upper one drops down slightly, we will think the teeth are in contact, and they are not, which means when the denture is finished, there won't be as good a contact as there should have been.

(Slide No. 29) Here is a little adjustable tray made so that the anterior or the impression to be obtained or the anterior teeth can be changed to whatever we might desire or whatever the patient might desire. These are just set in, setting up the teeth so we can change if we want to.

(Slide No. 30) I personally prefer pearly. I know all of you have read all the literature on the advantages and disadvantages of porcelain, but for myself I am fairly well sold on the acrylic teeth. The reason I like the flat teeth is that I have been keeping a record of the impressions that I have been taking, and I find that, in a majority of cases, after the shrinkage has taken place, the distance between approximately the area of the first molar of the upper to the first molar of the other, that is, the center of the ridge in that area of the upper compared to be corresponding measurements in the lower, is usually quite a bit less than the corresponding measurements of the lower one. So, if, even in our own mouths, all of the buccal cusps have the upper on the outside of the lower, still, in denture work, it isn't advisable to set the upper teeth so that they are on the outside of the center of the ridge if we expect to get balance and make chewing more comfortable. I think it is well to set these teeth wherever they have to come just to sort of cover the center of the ridge in the upper and lower. The only way we can do that is to use a flat tooth and we can place them wherever we need in the anterior, posterior, in the buccal and lingual relationship. The edge, I think, too, of the acrylic teeth is when these teeth are ground in, we leave all of the little edges as sharp as when they are ground in it. They cut the food better. All patients that have had porcelain teeth before do say that these teeth cut the food better. The reason for that is since the edges are sharp, they will cut the food better, whereas the porcelain never wears at all, and since it doesn't wear, even if the porcelain had been ground in, the sharp edges all have to be perfectly dulled and if they are dulled, they will splinter and break. So, for that reason, it is better to have the acrylic teeth.

Another reason, I think, too, is that they are a lot easier on the ridge since the ridges themselves (not counting the teeth) are going to change to some extent, it is an advantage to have teeth that will allow changes of the dentures. With porcelain teeth, if the ridges change a little bit, there is no way the dentures can make the slightest adjustment to

to the change occurring in the ridges. On the other hand, in the acrylic teeth, there is a slight wearing there, and it is possible that a balance will be maintained over a greater period. I think it is a very bad thing not to tell a patient in advance and educate them to the fact that dentures are not permanent lifetime things, and, since the ridges are going to change, they are going to have new dentures in five or ten years. The acrylic teeth will last at least that long. I know I have been using them for six or seven or eight years, and there have only been a few patients that I have had who have worn them enough that I was concerned about. Those are people who have habits who are likely to wear those teeth completely down flat, but they are few and far between. If they would do that to their own teeth, naturally I think they would wear acrylic teeth fast. Still, it is better to have acrylic than it is to break down the ridges.

(Slide No. 31) This shows the case setup. When the dentures have been processed, the object of remounting is just because, invariably, your best dental technicians will have some faults occurring during the processing. If this little incisor guide pin has been set by the time you are ready to send the models to the lab, you can set the pin and there won't be one time in very many times that that pin will touch the incisal guide plate here when the dentures have been remounted, which shows that certain faults have occurred during process. In order to correct those, it is well to bring them back and correct them before they go into the patient's mouth, because there is no give with stone, and it can't be seen easily in the mouth, but with the remounting of these processed dentures before they have been separated, those faults can be corrected.

As I said before, that pin has been opened about a millimeter and a half, and, at this time, half of the grinding is done. Of course, the instruments I have give us only an approximate position, or approximate guiding, that those teeth should have over each other. So, after grinding is done, if it is plastic teeth with the pumice and glycerin, after the grinding is done, the pin is opened at this time about three-quarters of a millimeter and when it begins to touch the plate, we stop at that point—the dentures are finished and ready to put in.

(Slide No. 32) This shows the eccentric relationship. You can see how the upper teeth are set completely inside of the outside of these lower teeth and the lower teeth have been set on the center of the ridge. I take particular care about that because if the ridge forms a fulcrum, it is so much easier to displace the lower denture, that I call your attention to placing of the lower teeth over the center of the ridge. So, if the uppers have to be the center, I let them come to the inside, if necessary, of these lower teeth.

(Slide No. 33) This shows the right obtrusive with all of the teeth touching, in the anterior and on both sides.

(Slide No. 34) This is the left protrusive showing how all the teeth touch.

(Slide No. 35) One of the most important things to do in placing dentures so that the patient will almost start out being happy from the start, and so that we don't have to start looking for additional appointments for adjustments, is to correct or check places that we know that we so often find that we have to adjust. Those places are where, as I said before, we have a very hard bone with thin tissue covering it. In order to do that, I like to use Kovex. It is the only paste I know of, so I am going to use the trade name. I buy a large jar and put a little in a cold cream jar and use it with a brush because I can get it quite hot that way. It is a material hot enough to work properly. These little tubes are very unsatisfactory because you can't control the stuff in squeezing it out of a tube, and you might burn your fingers. It is much better to put it on with a brush. When it is painted on, it is still in a quite soft condition. It is applied in the mouth and just slightly holding it down with a slight pressure on both sides. First apply more pressure on one side than the other get the kind of a shifting that the patient might get in the process of chewing. It will instantly show up these places. It is much better than using indelible pencil because it tells us the position which we have to adjust, but the edges are feathered off in such a way that we know where the center of the impression is and we can adjust much more accurately. One or two little adjustments is usually all that is necessary. It is much better to do that and have the patient comfortable than to have him come back with these sore places.

(Slide No. 36) I mentioned before how the upper denture could be kicked out of place many times and why, many times we don't realize. We blame poor suction, and actually it is due to mechanical force being applied to the denture. When that is applied by the ramus of the mandible, it wouldn't necessarily make a sore place at all, it just puts enough pressure on the distal and buccal of the upper denture to make it lose its suction. So, we use the Kovex for that purpose too and don't have a patient move as far as he can, but just as much as we would in normal chewing and it will mark those places and tell us how much to take away.

(Slide No. 37) The only way I think that we can get perfect balance, if we want that, and I do think it is important, is to place the little plate in here (indicating). This is one that I have made up. There are others that work just as well. You have good access to these in North Carolina.

This little plate is anchored to the lower denture with compound and is a little adjustable central bearing point, and a mass of compound is added to the lubricated upper one, and a little flat plate is placed over that mass and the tube plates and the pin and plate are brought together and put the dentures toward us in such a way that we can move it slightly in all directions. Do not place too much force against those plates, too fast because it may fit just too much and it will be difficult to get it in the right position.

But, anyway, this is placed against the upper and moved in different directions so that by the time the teeth touch, this pin will touch the upper plate in all positions. Then, the pin is raised, opened, about a half a turn,

and we put the paste, the pumice paste, in here and make our grinding, and in that way, the first pressure that will make contact first will cause these teeth to be ground in first.

That is the way we arrive at a balanced occlusion. After this first adjustment, it is necessary to lower the pin a half turn and grind it a little again and lower it part of a turn. Once you have those plates in place, the patient can do that grinding for you, particularly with acrylic teeth, in fifteen minutes time. In that way, you have a perfect balance. I know that many times I can make dentures and they seem to be pretty good, but if you take your fingers and place them over the cuspid of the upper denture and have the patient move from side to side, you can see a slight shift, a horizontal and vertical shifting, of the upper denture. But when a grinding like this is done, you can knock those plates out and have the patient move from side to side and put your fingers in that position over the buccal plate of the upper denture and feel these is absolutely no movement to it, and we get a balance that we can't get any other way.

(Slide No. 38) I have been giving you an outline for procedure that can be used for good dentures, but there is one thing that I think we should stress. If a dentist specializes in this kind of work, he gets the hardest work. I get cases all the time where patients have gone to one dentist after another and have been told by them many times, "I can make a set of dentures, but you won't be able to eat with them," and all that sort of thing. Actually, that isn't necessary. I think all of these conditions can be corrected. They won't be ideal, but they can be corrected to the extent that we can make very satisfactory dentures for the worst cases.

What I have illustrated here in the diagram is what we might call normal, good, ideal ridge with the normal tissue, but when we add this little pin ridge, the bone is receded to this point (indicating).

(Slide No. 39) You get this little, thin, spiny bone, and usually, very often, that isn't a bit thicker than the blade of a knife and ordinarily is around three millimeters high, or three or four millimeters high. It is not sharp, but it is ragged just like a saw. Even though you have a roll of tissue over the top of that ridge and you think you might get by, and that it shouldn't be too bad—that the patient will be able to tolerate that kind of a ridge if you are careful—still, if ever you would operate on one of these and ever looked at that bone and felt it with your fingers, when it is so sharp you have to be careful, you can imagine why that patient can't tolerate it if he has that kind of a ridge.

When you see these flabby ridges, even if you think the bone isn't like that, if you operate on it it is very easy to see that, even in cases you are doubtful about, you will find the bone extremely sharp, and no wonder that it irritates the soft tissues.

In operating on one like this, I prefer electro surgery because it is comparatively bloodless that way. It is simple. I think that any of you could do it in your offices by just following a few little simple rules and having common horse sense.

One reason that I prefer the electro surgery is because I can control the cutting much better, and also because if I run into a little blood vessel, I use the little ball instrument that comes with the thing to cauterize that blood vessel so it doesn't have to be ligatured; sometimes, occasionally, I run into a nutrient vessel of the bone which will bleed and can be stopped easily. But, even if it bleeds, all that bleeding will stop in a little while, and it would be well if you don't have access to an oral surgeon close by to do these operations yourself. I don't think they are too difficult to do in your own office, in other words.

In doing it, the first thing to do is cut this roll of flabby tissue off. In cutting it off, I think it is well, if you are not going to use electro surgery, to use serrated scissors. Actually, they hold the tissue as it is cut. This tissue tries to get away from ordinary scissors—the tissues will jump away, and it is difficult to cut accurately unless we use the type of scissors that has a slightly serrated and cutting edge—combined serrated and cutting edge. This area is cut off and the tissue is deflected backwards, and the bone is cut off with it, it is moved with a bone file and the tissue brought together and sutured. Before I suture, I think it is in order to be sure to get all of the little bone filings that we get off the bone away, and for that to use an aspirator through the whole operation. I don't think we should even extract teeth without an aspirator. The aspirator should be carried on during the whole process, and at the end, while it is still open, and use a powder of penicillin and sulfadiazine. I use it that way because it only costs a fraction whereas the bulbs are extremely expensive and no better. In fact, they are a bother to me. I can just pick up the atomizer and spray whole mouths, whereas the little bulb things are too costly and bothersome. Anyway, the whole area is sprayed just before the flaps are brought together. Then the flaps are brought together and sutured and left for four or five days and taken away. In the meantime, the patient can wear the old dentures. You think they'd want to take them out, but the denture actually serves as a splint. I make up a powder using penicillin powder that I mentioned before, similar to Abbott's formula and add about a third of that to a gelatinous or adhesive powder and have the patient put them on the inside of the denture and keep a certain amount of penicillin over the sutured wound at all times. I think it heals just a little faster. Rinse with salt water and baking soda. They will heal very rapidly.

(Slide No. 40) This is the same thing we have in the upper only the bulbous tissue usually deflects toward the labial and very often there is a deep crevice in through here (indicating), so that is cut off and heals the same as the lower.

(Slide No. 41) We have to be careful not to traumatize or cut the tissue in through this area, so we don't injure it, because it is as thin as tissue paper oftentimes, and the incision, for that reason, may be made on the outside of the center of the ridge where the tissue is thick and the whole area deflected back to this point (indicating) and that bone is cut off, and when this tissue is brought back there is no excess tissue here at

all. It seems to collapse and there is no excess at all, and it is easy to see that it is impossible to make a denture fit a thing like that and fit in here (indicating) at the same time.

(Slide) No. 42) In doing the palatal tori, so many of the books show these incisions right over the torus. A lot are fancy incisions, but I have tried those. I found that that tissue is extremely thin, and it just seems to shrink away to nothing and I can't get it back together.

We make a semi-circular elliptical flap carried on back and keep it away from the bone at all times while we are operating because it is so thin you can go right through it in an instant if you are not careful. This tissue, though, is thick, and it will hold a suture and the suture won't pull out. The only time I think it is necessary to operate is when the tissue is extremely thick or if there is an undercut. If they are very slight, it is not necessary to operate at all—only if they constitute an interference in speaking or an undercut. Those are the two instances where it would be necessary to operate.

(Slide No. 43) In the distal of the upper tuberosity, we oftentimes find this flabby tissue in the back. Sometimes it is kind of fibrous, but sometimes it is quite mobile. At any rate, it will hang down a half an inch or so sometimes and make it impossible to carry your lower denture over the retromolar pad and constitute an interference. It is flabby and doesn't help in the retention of the upper denture, so, in those cases, it's easy to operate on those with an electric knife. I just cut the whole thing off close to the periosteum. It heals quite rapidly. Have the patient use plain baking soda a half dozen times a day.

For the other way, if a knife or surgical scissors are used, make the incision here (indicating) and then draw the tissue together.

What I have shown here is the soft tissue. Also, of course, we have an extension or shelf bone in this area sometimes much more than I have indicated in this drawing. When we have that, it is natural that we can't make a denture fit this and adhere and have close contact in this area. So, it is very easy to get under the denture in this area and suction won't be lost.

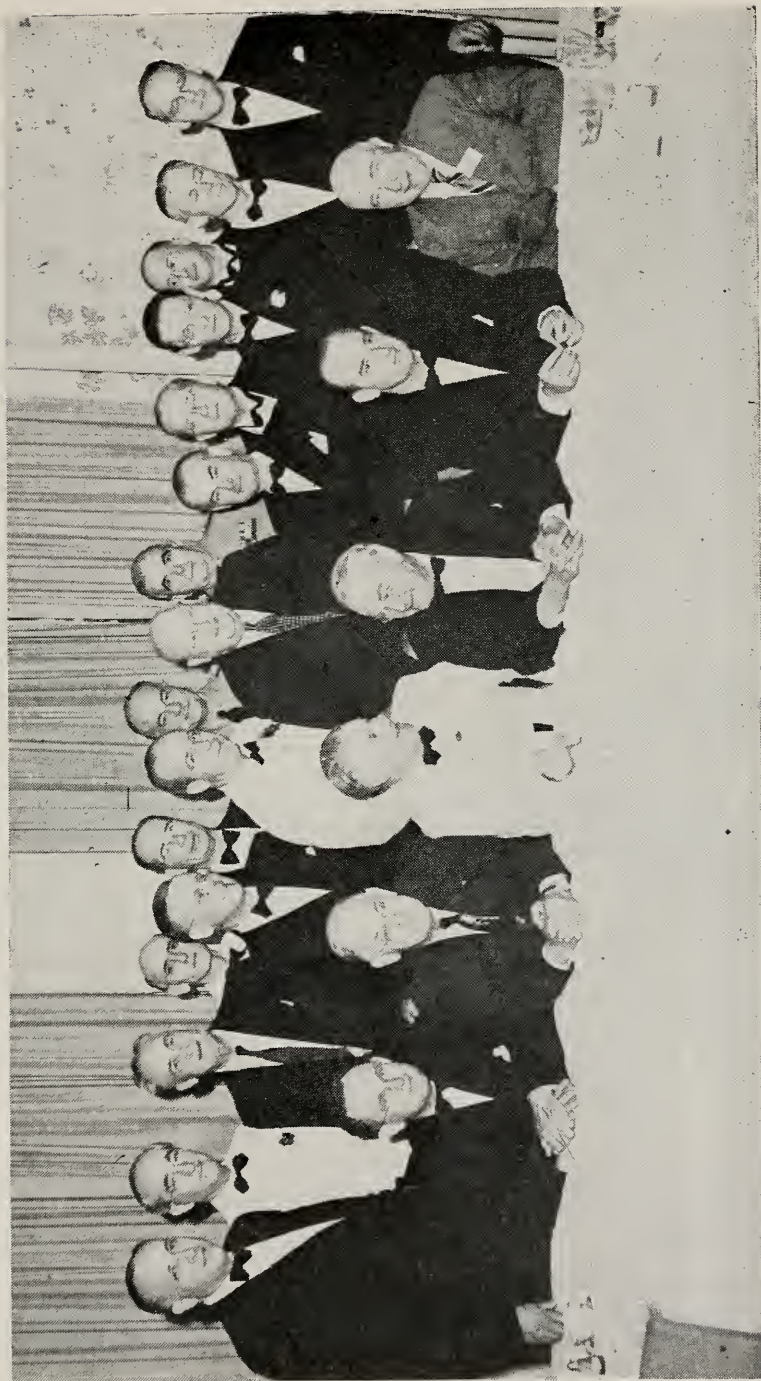
In operating those tuberosities, the incision there also should be close to the top of the ridge and brought together after the bone has been taken away.

(End of presentation of slides.)

I hope I have been able to give you a little something to take back home. Actually, I have been kind of rushed here, and so I won't say anything more now. (Applause.)

President SANDERS. I want to thank Dr. Leathers for his very fine presentation.

(The meeting adjourned at 5 P.M. o'clock.)



Notables present at Testimonial banquet honoring Dr. Clyde E. Mingos, President of the American Dental Association

TESTIMONIAL BANQUET
HONORING

CLYDE ESTES MINGES, D.D.S., F.A.C.D., F.I.C.D.

The annual banquet of the North Carolina Dental Society was held in the Crystal Room of the Carolina Hotel, Friday evening, May 20, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: Ladies and gentlemen, it is a most delightful pleasure to welcome you here this evening. This occasion brings to each of us a great feeling of pride and honor and it will be recorded in the history of the North Carolina Dental Society as one of the most outstanding events that has ever transpired throughout the years.

At this time, I am happy to present to you your Toastmaster for the evening, Dr. Wilbert Jackson of Clinton.

DR. WILBERT JACKSON: Dr. Walter McFall will deliver the invocation at this time.

DR. WALTER McFALL: Our Father and our God, we thank Thee for this Association and for this man we honor this evening. We thank thee for all of thy blessings and all of thy goodness to us. Make each and everyone of us an instrument of thy peace: Where there is hatred, let us sow love; where there is injury, teach us to pardon; where there is doubt, help us to gain in faith; where despair, hope; where there is darkness, may we help create light; where there is sadness, help us to gain joy.

O Divine Master, teach us that we may seek not so much to be consoled as to console, not so much to be understood as to understand. Help us, our Father to love all of thy creatures. Help us to understand that it is in giving that we receive, in pardoning that we are pardoned, and it is in living as thou wouldst have us live that we know eternal light.

Help us, our Father God, to see light through thine eyes. Give to each and everyone of us the opportunity, the privilege, to be and to do those things which are ever pleasing in thy sight.

Hear us in this prayer for this occasion and this man, we ask in the name of the common Father of us all. Amen.

(Then followed the meal, after which Dr. Jackson introduced the persons seated at the head tables.)

DR. JACKSON: H. O. Lineberger is recognized.

DR. LINEBERGER: Will President Sanders please come forward?

Each year at this point in our annual meeting, it is fitting and right that we should pause and take stock. The hand has written and moved on, and so has it been with this administration.

Cleon W. Sanders was born in Johnson County in 1904. He was educated in this county school. He took his predental training at the University of North Carolina and his dental work at Atlanta Southern, now Emory University.

Dr. Sanders, unlike most young fellows, chose to return to his native county, Johnston, and there became a leader.

To me, Cleon Sanders is a typical North Carolina dentist, coming from a small community. In his case, he is the only dentist in town. By hard work and diligent application, he has advanced in our profession. He served first as president of his district society, then several years as Secretary of our State organization, and on to the highest office as President of the North Carolina Dental Society. Dr. Sanders reached the presidency of the North Carolina Dental Society at a time when he could contribute to one of the greatest health service programs our State has ever known. He has not tried to impress us with "Sanders, the great President"; on the other hand, he has, by his quiet leadership, inspired us to work with him in his great program for dentistry.

Personally, Cleon, I want to say that it has been my privilege to work with thirty-four different presidents, but you, President Sanders, have worked me harder and longer hours than any of the thirty-four. Yes, and you have treated the other members of the Society the same way, but we all love you for it.

Cleon, your work does not end here; your people still need you in dentistry in North Carolina and in our national organization. May you have many more years of service to a great profession.

It is my happy privilege at this time, on behalf of the membership of the North Carolina Dental Society to present to you, Cleon, this Past Presidents' charm. May you ever wear it with honor and distinction to yourself and to the dental profession. (Applause.)

PRESIDENT SANDERS: Mr. Toastmaster, Dr. Lineberger, friends: In accepting this emblem, I do so with a feeling of gratitude. I like to think this token represents your esteem and only a few things are more precious than the esteem of one's associates.

But for your kindness and generosity, I should not be entitled to receive this token because no one realizes better than I how little I deserve such recognition. During coming years, I shall wear it with great pride and pleasure and remember this wonderful group of men and women and their loyalty and support during my administration. This will be an inspiring symbol to me, and I shall ever be grateful to you and be willing to contribute my best efforts for the advancement of the North Carolina Dental Society and for our profession.

In behalf of my wife and myself, I am deeply grateful. Thank you. (Applause.)

DR. JACKSON: Greetings from the Honorable Edwin F. Duke, Mayor of Rocky Mount.

THE HONORABLE EDWIN F. DUKE: Mr. Toastmaster, distinguished guests, guests of honor, Dr. Clyde E. Minges:

Dr. Minges, you will pardon me for not mentioning the many initials after your name. I purposely did not attempt to memorize them for fear that I might become confused and associate you with some of the many alphabetical agencies and organizations we hear of so much today, such as N.A.C.P., or the E.R.P., W.P.A., and yes, even the W.M.D.B., the Wagner-Murray-Dingell Bill. (Laughter.)

Coming from Dr. Clyde Minges' home town of Rocky Mount, it is indeed a pleasure and a privilege to have a part in this occasion. The program lists me as bringing you greetings. To me, that means bringing the greetings and best wishes from the more than thirty-four thousand citizens of Rocky Mount, young and old, white and colored, all of whom are as personally proud as I am of our fellow citizen whom you are honoring here tonight.

Those of you know Dr. Minges as a dentist, professionally, and I am sure I cannot add one bit to his stature. You and seventy-six thousand of the other dentists of the United States have already given him the highest honor that your great profession has to offer and, in so doing, brought fame and recognition to his home town.

However, to me, and to his host of friends and admirers, Dr. Clyde is not only outstanding professionally, but also as a citizen of his community. No matter how busy he has been, he has always taken time to answer the call of the fellow man, his city, his state, his country—untrammelled by publicity and fanfare. Every worthwhile project in our community has always had his wholehearted and enthusiastic support, and much of the success we have attained has been due to his wise counsel and untiring effort.

To me, as well as those I represent, as Mayor of this city, Dr. Clyde Minges is that well-rounded professional man who is not only tops in his profession, but tops in his community. (Applause.)

DR. JACKSON: Dr. Philip Blackerby, Director of the Division of Dentistry of the W. K. Kellogg Foundation, and former Dean of the school where our Clyde graduated from.

DR. PHILIP BLACKERBY: Mr. Toastmaster, Dr. Minges, ladies and gentlemen:

During my short tour of duty as Dean of the school which Clyde Minges so proudly claims as his Alma Mater, Clyde lent me much encouragement, much guidance, and much help in every way. He called me, during that time, his Dean. I was honored, and I consider that if I was his Dean, he is my student.

Clyde, during his student days, was a good student. He wasn't tops in his class, but he was president of his class, and I think that perhaps gives some insight into the future of the man.

Instead of talking simply about Clyde's record as a student, as I have been asked to do, for a few moments, I should like to think of the term "student" in a much broader sense. By definition, a student is a

person engaged in study, one devoted to learning, to attentive and systematic observation. Study is but a means to an end, the process of acquiring knowledge and wisdom so that those talents may be used to serve one's profession, one's community, one's God, and one's fellow man.

Clyde has been a student, and an observer, and he has devoted his knowledge and his experience unselfishly and tirelessly to his profession and to his fellowmen. Clyde has been a student of dentistry not just in school but throughout his life. But, more important, he has been a student of life, a student of citizenship, a student of altruism, and a student of practical philosophy.

Clyde has been a realistic observer and a practical idealist rather than an academician and a theorist. He has used his talents efficiently and generously rather than wastefully and selfishly. Clyde has taught by example, by inspiration and by fellowship rather than by books and hypothesis and formal courses. Clyde has been a disciple of continuing education in the broader sense, a disciple of what we may call lifelong learning.

But Clyde has realized, to the eternal benefit to his profession and to his friends, that knowledge is not found in books alone, for, as Walter has written, "There is a book into which some of us are happily led to look and to look again and to never tire of looking. It is the book of men. You may open that book wherever you find another voice to answer yours, and another hand to take in your own."

That, to my way of thinking, expresses the philosophy behind the great accomplishments of our friend and my top student, Clyde Minges.

Clyde, we congratulate you on your great record of service to the profession and to your fellowmen. We are grateful to you, we are thankful for you, and we love you. (Applause.)

DR. JACKSON: Mr. Frank P. Meadows, Lieutenant Governor, Kiwanis, Rocky Mount, North Carolina.

MR. FRANK P. MEADOWS: Mr. Toastmaster, ladies and gentlemen:

Dr. Blackerby has told you something about our honored guest as a student. About half a century ago, probably before the Doctor's recollection, Clyde was just starting out to be a student. His first school teacher was the mother of a mutual friend of ours, and down through the years has come to learn that Clyde was a good student when he had time to take away from his extra curricular activity of fighting game roosters. Since then, Clyde has reformed. Now, his athletic activities are more orthodox: He is no longer president of the baseball league, but he is just part owner of a baseball club. But, I am to speak of him as a citizen. I am not in the habit of being modest in approaching any subject about which I know something, but I do feel embarrassed on this occasion for the simple reason that my subject is more eloquent than any words that I might say.

Clyde Minges, the citizen—the word “citizen” voices the epitome of unselfishness. It may be defined as “one of the people, who gives back to the people loyalty and the best of service.” Clyde does that.

I am not concerned tonight with Clyde Minges the dentist. I can remember occasions when I was very much concerned, but my trepidation was not justified. I am not concerned tonight with Clyde Minges, the President of the American Dental Association.

I want to tell you, ladies and gentlemen, that there was something unusual about the announcement of his election to this office. The high honor which you and the other dentists of America bestowed upon him came as something of a surprise to many people in our community. They had never thought of Clyde Minges as a national figure. Many were not aware that he already held important office in his profession.

They say that a prophet is not a prophet in his own country. This is not true of Clyde Minges. The high honors that you conferred upon him were simply an expansion of the high regard in which Clyde has been held throughout the years that I have known him, all the years that he has practiced his profession in Rocky Mount.

His friends could not well be numbered. They are young and old, black and white, rich and poor. Some of them may be selfish but Clyde and the friendship that he gave is never this way. He has myriads of friends for any of whom he would make stern sacrifice, and they are widely different. There is a young man just starting in his profession. Clyde helped him through school. A youngster with hands calloused by hard work, who pays Clyde spasmodic visits and holds with him philosophic conversation; a little girl who has felt his kindly, gentle touch—she knows that here is a man that she need not fear. They know him as a man, a friend, who has never let down a fellowman in any need, a man who, in spite of elevation to any position, no matter how important, has never lost the common touch.

What more can you ask of a man? We all know him as a person who tries and well succeeds in giving back to the world more than the world ever gave him. There is a man. There is a true citizen. (Applause.)

DR. JACKSON: S. Robert Horton, Past President, North Carolina Dental Society.

DR. S. ROBERT HORTON. Mr. Chairman, ladies and gentlemen:

It has been said that if a man has a friend he must be friendly. The man of whom I speak has certainly qualified himself to be a friend of man by any standard.

He is also a lad that lives in a house by the side of a road. He is in constant communication with his multitudinous friends, which qualifies him as a man of many friends. There is nothing mysterious about Clyde Minges' multitude of friends to one who knows him and loves him. He makes friends easily and never loses one. He never deserts a friend, he never fails to reach out his hand and grasp the hand that needs it.

He is a man that is loved by both ladies and gentlemen, which is not always true. Clyde has not ever been a man that nurtured or cultivated mediocrity. That is eloquently illustrated by all of you friends present here tonight.

I myself love Clyde Minges and I am proud to be his friend and know him as a friend, and I am sure you are also. (Applause.)

DR. JACKSON: Honorable Paul E. Jones, State Senator.

THE HONORABLE PAUL E. JONES: Mr. Toastmaster, friends and associates in dentistry:

It is a rare privilege to be allowed to pay tribute to a lifelong friend and colleague in a great and noble profession. Clyde became a leader in dentistry as a student and, as evidence of this, he was chosen President of his class in the year of graduation in 1919. He has been an extremely successful general practitioner and businessman as well, and a most useful servant.

I deem it significant, as well as most complimentary, that this great career of Clyde's began on the bottom segment of organized dentistry, in the rank of the local and district society, so to speak, and he is now revealing the same outstanding leadership that he displayed as a leader of a local society as the leader of the profession in the nation today.

For thirty years, he has been intensely active in all dental society affairs, having held some kind of official assignment in organized dentistry at all times. We in North Carolina always chose him unanimously and elected him without opposition.

Always, I have found him loyal, helpful, and intensely concerned for the highest, finest, best services.

As one of the most useful men in the state and nation, we know him best and admire him most who are pleased to point to his record in dentistry, his honesty, his sincerity of purpose, his now proven ability to analyze many and complex problems of American dentistry, the all important factor that qualifies Dr. Minges, or Clyde, as our national leader. This is the opinion of those who have worked and served with him during his entire professional career.

We have many fine young men in our profession here tonight and in North Carolina today as a result of the fine and outstanding leadership as exemplified by Clyde. I am not large enough to take the measure of this man, but I do know and recognize his worth.

You may bring to your office and put in a frame

A motto as fine as its paint,

But if you're a crook when you're playing the game,

The motto won't make you a saint.

You may scatter the placards all over the wall,

But this is the truth, I announce:

It isn't the motto you hang on the wall,

But the motto you live that counts.

(Applause.)

DR. JACKSON: Dr. C. C. Poindexter, Past President of the North Carolina Dental Society.

DR. C. C. POINDEXTER: Mr. Toastmaster, ladies and gentlemen:

At its annual meeting in Elizabeth City back in 1932, the North Carolina Dental Society, unanimously chose the man we honor tonight, Dr. Clyde Minges, for the State Board of Dental Examiners. At Blowing Rock, in 1935, he was chosen for a second term without a dissenting vote. In view of his good work during this six-year period, it is likely he would have been called upon for further service had he allowed his name to be presented to the convention.

Dr. Minges, accepted the commission from this organization and the Governor of the State in full realization of the important office and its attendant responsibilities. He was prepared for the job. He helped to advance the requirements for practice in North Carolina. He was instrumental in improving the place and set up for examination and advocated a number of general policies that future Boards found helpful.

This man was more or less a natural examiner. He had patience and understanding. When a situation demanded, he was equally stern. He was just and liberal in his grading, but never forgot his obligation to the public and profession, and insisted that no inefficient man be given license.

Immediately after going on the Board, he interested himself in the affairs of the American Association of Dental Examiners and attended every session of that body. During that time and soon afterwards two men from this State were elected and served as President of that group. Dr. Minges is still an associate member of that Association and naturally from one so interested and of such wide experience, his counsel is often sought.

So long as we are inoculated with his faith in dentistry, so long as we may be assured that the profession in this and other states will go forward.

Mr. Toastmaster and Friends, I am happy that the opportunity came my way to pay this small tribute to my friend, your friend and above all a friend of dentistry. Clyde Minges.—C. C. Poindexter.

DR. JACKSON: Dr. Harry Lyons, Chairman of the National Emergency Dental Service, A.D.A.

DR. HARRY LYONS: Mr. Chairman, Dr. Minges and friends:

This appears to be an occasion for both praise and appraisal. If you wish an accurate and an objective appraisal of a man, ask his neighbor, preferably a somewhat distant neighbor.

Mine is the happy privilege of bringing you such an appraisal of Clyde Minges, that of a distant neighbor, free of the provincial and community pride and the emotional reactions that quite naturally play upon those closer and distant and in kinship.

A distant neighbor's view of a man is apt to have true perspective and total objectivity. These are rather severe yardstick of measurement, and I propose to apply them with a bias in my appraisal of my dear friend, Clyde Minges. Critics of art are agreed that objects of art should be viewed at some distance in order to get what is described as the total effect, and yet not too far away to deprive one of the benefits of appreciating the fine details.

We in Virginia are in that fortunate geographic relationship to our guest of honor.

While speaking of art, let us not forget that when God made man in his own image, He created His finest work of art. Clyde Minges, always mindful of divine guidance and spiritual values, may well be viewed in that light.

From across the boundary to the north of us, we of Virginia and all his other neighbors see Clyde Minges as the fine, highly esteemed, progressive citizen that he is. The fine lines in his face tell us that he has contributed much of his time and his talents and his means to make his community and his profession richer and more noble. The teasing wrinkles around his searching eyes are telltale signs that he has laughed much with his neighbors and his friends to the delight of them all. And, from somewhat of a distance, we can see that the convexity of his abdomen and the abrasion of his teeth that he has partaken well, if not always too wisely, of the fruits of the earth for the nourishment of his body, and, for all these things, we, his neighbors, love him the more.

Seriously, we, his neighbors, see Clyde as the paragon of professional integrity, the exemplar of courage in all walks of life, the decrifier of evil, and the champion of all that is good and noble. More cannot be said of any man, even in an unlimited period of time.

True nobility cannot be inherited or bestowed. It can only be obtained by distinguished service. With a record of distinguished service too long to restate here, Clyde Minges has truly earned for himself a high rank of nobility in his community and in his profession, with his profession and with his friends.

We in Virginia are very proud people. Truthfully, I must confess to you that we are also at times a very envious people and, in the past, we have envied you of North Carolina the possession of Clyde Minges as a citizen and all that he has meant to you. We, his neighbors, all over the country now acclaim him with you as a national figure and rejoice with you in the common glory to which he has contributed so much.

Clyde Minges, your neighbors salute you. (Applause.)

DR. JACKSON: The honorable Lester C. Hunt, two times Governor of the great State of Wyoming, at present United States Senator from that great State.

THE HONORABLE LESTER C. HUNT: Mr. Toastmaster, our honored guest, President of the American Dental Association, Dr. Sanders, your ladies, and my fellow dentists:

First, might I extend my sincere thanks and my great appreciation to you all for inviting Mrs. Hunt and me to spend these very delightful three days with you. We have loved every minute since we left Washington.

May I confess to you that I was greatly surprised as I traveled down from Washington to your state to see the tremendous advancement being made in the South. I have heard about it in the West where we are somewhat in competition and want some of your industries, but we saw your new factories, your wonderful universities, as we passed, and your fine homes and all of those fine things that goes for good citizenship. May I congratulate you on them. It is certainly a pleasure to be with you today.

Friends, words always fail me at the time when they shouldn't. I wish I could say this evening the things I should like to say, but more than once I have been embarrassed by not being able to express myself.

One of those situations I shall tell you about. It was while I was at the penitentiary—let me say I was inspecting the penitentiary. (I must clear that up for the benefit of the record.) I had gone over to the penitentiary on an inspection trip and the warden asked me to say a few words to the men as they were gathered for dinner in the evening, supper, they call it. I said I would and dismissed it from my mind.

The men filed in in single file with their left hand on the shoulder of the man in front of them, and as the bell rang and they took their seats and the warden introduced me, my mind went blank. I couldn't express myself. However, I had just finished a campaign, so I fell back on the old reliable, "Fellow citizens." And I said, "Fellow citizens" (laughter), which wasn't so good. I realized the warden and myself were the only two citizens in the room.

So, greatly embarrassed I started again quickly and I said, "Fellow convicts," (laughter), and that did it—that was not so good.

So then, for the third time, I started over, and I said, "Men, I don't know what to call you, but I am happy to see so many of you here this evening." (Laughter.)

Clyde, I think this is the largest gathering of dentists and their ladies that it has ever been my privilege to attend, which is, I think, a wonderful tribute to you. There must be eight hundred of your friends assembled here this evening to do you an honor.

As a citizen of Wyoming, I am envious of North Carolina. That the President of the American Dental Association, the ultimate in the life of any dentist, comes from North Carolina and is something of which I know you all must be extremely proud.

Clyde Minges now is a national figure. His actions in the chair of the President of the American Dental Association indirectly and directly affects the lives of every one of the 142,000,000 citizens in the United States as of today, and he is doing an excellent piece of work.

These are trying times for the dental profession. We are fortunate to have a man President at this time who takes the position and maintains that position that we all know should be taken and should be maintained with reference to our profession.

I had only been in Washington a few days when I had the pleasure of meeting Clyde Minges. And let me say to you he knows how to get around. I think he knows more people on the Hill than I do, for he came up to my office and started introducing me around the Capitol building. They are all his friends, let me assure you of that.

Mr. Toastmaster, you have taken, I realize, a great chance in calling on a United States Senator to make a speech on a program where there are thirteen other speakers. But I will not take advantage of that opportunity, as much as I would like to.

I will tell you another situation, if I may. I was out to Evanston, Wyoming, where our institution for the mentally ill is located, where the insane people are incarcerated. As I was leaving, a few had gathered around. Most of those folks, you know, are rational a great deal of the time. I thought surely this particular time they were all rational, and one of them spoke up as I was leaving, saying, "We like you better than we did the other fellow," (meaning my predecessor in office). I said to him (I should not have), "Would you mind telling me why you like me better than you do the other fellow?" He said, "Because you are more like we are than he was." (Laughter.)

Clyde, I am happy that this great honor has come your way while you are still a young man. I am glad that this tribute is yours while you are still in your youth, in fact, too young to be married.

Seriously, you do have, Clyde, for the many, many happy years ahead of you, the opportunity to look back with most fond memories on this affair tonight, and the honor that has been given to you by those who know you best.

Clyde, I hope that our acquaintance shall continue for the six years that I am going to have the privilege of being on the Hill and in the Hill. I hope, Clyde, you will make my office your headquarters, and I hope to see you often. Through you, it shall be my duty and my pleasure to do what I can for the greatest profession in the United States, that of dentistry. (Applause.)

DR. JACKSON: Thank you, Senator Hunt.

DR. LEROY M. ENNIS, Trustee of the American Dental Association.

DR. LEROY M. ENNIS: Mr. Chairman, Brother Clyde, distinguished guests, and ladies and gentlemen:

I have been given the subject to talk upon tonight, which, if I really carry it out, I would have to be the only speaker on the program. That is Clyde's record as a Trustee.

I will let you in on a little bit of his character (and I can, because I have slept with him, the President of the American Dental Association and can give you a little lowdown about this fellow.)

If I carried out this activity that was given me, I'd have to prepare a few stories such as David and Goliath, Jack the Giant Killer, and compare it to an up-to-the-minute story, "Clyde, the Boss Buster."

At the time Clyde left Rocky Mount for Chicago as a neophyte Trustee from the Fifth District, there were many bosses or leaders in the American Dental Association who either wished to perpetuate themselves in office or wanted to lead special groups or interests which, in many cases, were not just for dentistry. It was his avowed purpose to gradually replace the House on a firm foundation, a task which he undertook and saw finally consummated.

His record speaks for itself. The A.D.A. at that time was suffering from growing pains. There was trouble and dissension among the members and in the central office, and, from the viewpoint of an organization of its size and capabilities, it was very weak and very sick.

Clyde, with other members of the Board of Trustees, faced this condition and took each individual ailment in stride.

With the help of some members of the Board of Trustees, plus some favorable actions taken by the House of Delegates of the American Dental Association, the A.D.A. was brought out of its chaotic condition and into a position of influence, leadership, and respect. Throughout this period of the Trustee, Clyde was either carrying the ball or running excellent interference.

If one would thumb through the proceedings of the Board of Trustees of the American Dental Association since 1942, the name Clyde Minges doesn't appear very often in the official record, but when it does appear, following his name one would find definite statements of facts and generally a solution to the problem at hand. In other words, Clyde is a man of few words and much action. He was always working for the betterment of dentistry and the American Dental Association, but not for Clyde Minges. He did more to put the Council of Dental Education in the American Dental Association in the position it now maintains than probably any other person in the American Dental Association. That was his hobby.

Certainly he is a politician—he could not achieve the many things he did without being one. That is no disgrace.

But, in his many achievements as a Trustee, he suffered the results of conflict. Wherever battle is, it leaves scars, and Clyde was no exception. We see him emerging with two scars, which, in all probability, were due to contamination. These scars were ego and bossism, and even these scars would soon vanish and leave him in the pure state in which we now find him.

Let me tell you of the cures. First, let us take this scar, ego. You have heard the Mayor talk about Rocky Mount. I will tell you what happened.

He had been so successful in his battles as a Trustee that he emerged from the organization as President-Elect of the American Dental Association. His home folks decided to give him a testimonial dinner. For days, his picture was in the Rocky Mount paper—the story of his life and activities appeared daily. Even the brass band met him as he returned home from battle. All the dignitaries of the city of Rocky Mount assembled and said so many nice things about him that it was necessary for him to go down to a little hat shop and get a new hat.

Then, on the following evening, the day he will long remember, he was driving his car down the thoroughfare of his fair city when suddenly there was a crash. He had struck a little Ford in the rear. (This entire episode happened within one block of his office, where he spent most of his life in the practice of his profession, and I won't tell you how far it was from the police station.) Two native youths of Rocky Mount descended from their injured Ford and approached our esteemed President-Elect Minges who then, in a very stentorian voice demanded of the youths, "Don't you know who I am?" Without giving them a chance, he proceeded to tell them that he was Dr. Clyde Minges, and, to his everlasting surprise, the answer was, "No, sir—we never even heard of you."

Deflation immediately set in, and when the surprise and shock of that statement was over, no longer could one see the scar of ego in Clyde Minges.

The second scar lasted a little longer. In fact, it lasted until he was the President of the American Dental Association. One Saturday after he had just left Senator Hunt, he was driving two distinguished gentlemen from Washington to Rocky Mount. He was particular about traffic through the State of Virginia so that the police force treated him with undying respect. Upon crossing the state border to the fair State of North Carolina, he immediately assumed all confidence of a boss politician.

So, in utter disregard for the constabulary by violating the speed limits, fifteen miles from his home, he was apprehended by a member of the local constabulary. Of course, the boss politician became indignant to think an officer should question him. After a few routine questions he could contain himself no longer and told the officer that he did not come here to be lectured to, that he could just take his license number and let him go on his way, or else.

So, the good Doctor found out that that is no way to talk to an officer. The officer could do nothing else but his duty—"All right, you are under arrest, come with me." Being a Saturday afternoon in North Carolina, all the judges had definitely gone fishing. So, he had to turn about and trace his path about fifteen miles, borrow \$50 to bail himself out, arriving some three hours late just because he wanted to be boss.

"The result of this episode was that from time on he has been a very docile gentleman. The scar of bossism is missing. Now we have Clyde Minges as he was before he started out on a career as a Trustee of the American Dental Association.

Getting down to a serious vein, it would be impossible for me to leave him here without saying that throughout all of his activity as a Trustee of the American Dental Association, his character has been massive but not ponderous, and, to a degree permitted to few men, he has been endowed with the capacity to feel, and, more important, to express in little ways, the dogged courage to fight for what he deemed right, for he has set his goal of courage and maintained cheerfulness to that, to this very day, many of us feel the deep sense of gratitude for having been permitted to serve under his inspiring leadership which has made its mark in the history of the American Dental Association.

To Clyde, I may express the sentiments of the Board of Trustees that have served with you as an ex-trustee and now President of the American Dental Association, that you combine the fine mind of the robust earthy quality which people enjoy.

Clyde, God bless you. (Applause.)

DR. JACKSON: Thank you, Dr. Ennis.

Dr. Harold Hillenbrand, Secretary of the American Dental Association.

DR. HAROLD HILLENBRAND: Mr. Chairman, distinguished guest of honor, friends of Clyde Minges, ladies and gentlemen:

As what, I assume, is the thirteenth speaker at a testimonial banquet, I am confronted by two initial difficulties. For two days now, I have seen Clyde Minges tiptoeing very delightfully on this light North Carolina air, and enjoying the reception from all of his friends. Tonight, after the banquet is over, Clyde and I shall get on a train and go about our jobs.

I think Clyde is going to be about as hard to handle as the young Navy lieutenant who had just been married and was off to spend two weeks on a honeymoon and, for reasons that I am sure will be obvious for you all, found the honeymoon enjoyable. He wrote to his Commanding Officer for an extension of leave, and his wire was: "It is wonderful here. Please extend my leave two weeks." His Commanding Officer, probably a hard hearted man, wired: "It is wonderful anywhere. Come back at once." (Laughter.)

It is going to be my job to try to tell Clyde Minges, after the banquet is over, that it is wonderful everywhere and we have work to do the day after tomorrow and the day after that.

Usually, a speaker at a testimonial suddenly makes a dramatic pause and says, "At long last, the time has come when I must pay tribute to the person who has done so much for me," and, after a lot of talk along that line, he introduces the wife of the speaker. I don't have to tell you I am going to be unable to do that with Clyde. However, not to pass up

this traditional ceremony at testimonial dinners, I would like to pay tribute to Roy Ennis, who sleeps with Clyde Minges. (Laughter.) I can think of no more valuable thing that this group tonight could hand on to posterity to treasure always close to its innermost heart than the picture of Roy and Clyde in the same bed.

Many of the speakers prior to me have touched upon various phases of Clyde's career. I should like to stress one or two aspects with which I am most familiar. I should like to point out initially that the American Dental Association, of which Dr. Clyde Minges is Chief Executive officer at the present time, did not simply arise and grow in the course of its long history, but that American dentistry and the American Dental Association is made up of a long line of the Clyde Minges' who have given their lives and dedicated their services to American dentistry, and I tell this audience here in North Carolina that of this long line of illustrious predecessors, Clyde Minges shall not be the least of them.

He brings to his job, as the speaker before me indicated, a recognition of his abilities by the dentists of the country who have raised him to the position every dentist who calls himself a professional man must want to hold, and which only a few out of the thousands of dentists in this country can ever hold. That in itself is a significant tribute to the man that you call friend and neighbor and resident of North Carolina.

This assumption of the office as President of the American Dental Association was no mere casual accident of an election. It was based upon a rise consistent for more than three decades, and it was based upon the qualifications that make Clyde Minges the man that you and all of us, I am sure, admire, based upon a sound earthy wisdom, who judges facts from the standpoint of realism and practicality.

Roy Ennis said that he knew something of politics and might possibly be called a politician. For the sake of the record, I should like to say in the American Dental Association we now call that "Administration" just as they do in Government.

Dr. Minges brings to his job a huge capacity for leadership, and if you had seen him ride herd on the thirteen members of the Board of Trustees, representing dental interests from every part of the country, you would have seen an exercise of real statesmanship, statesmanship based upon an impartial wish to serve best his profession and his association.

I think that some of us lose sight of the fact that the American Dental Association, in addition to being a group of many thousands of dentists, is more than that—it is an organization with a budget of \$1,000,000, and to direct that as President, requires the acumen with which I am sure his friends are familiar.

But all of the honors that have come to him in the three decades of his dental career have not made of him a stuffed shirt and an unapproachable man. I have talked with him in dental society meetings over all of the country and always the comment is that Dr. Minges is an approachable

man, a man with a genial and fine and expanding sense of humor (and how he tells some of the jokes he does and gets away with it, it is more than I will ever know).

One of the great characteristic things which I have observed in my work with Clyde Minges is his undiminished loyalty, not only to his profession, but to his state. Recently, the Governor of Arkansas conferred upon him a degree known as "Arkansas Traveler." When Clyde made his little speech of acceptance of the plaque, the Governor got up and said that he almost wished he were governor of North Carolina instead of Arkansas.

Therefore, in his travels over all of the country, Dr. Minges remembers that he came from North Carolina, and he has carried with him, I am sure, through all of his career, an undiminishing affection and loyalty for the profession of dentistry and for the individual members who compose it.

It should be remembered, too, that being President of the American Dental Association requires a constant fidelity to duty, many long hours of reading reports, many long hours of making speeches, many long hours in committee work, and that means not only once or twice a year, but all through the year. I think it's perfectly astonishing to find that a man, over a period of thirty years, should have continued this work out of only one real wish, and that wish was to serve his profession, and through his profession, to serve the public.

I couldn't end this discussion without mentioning one other high element in Clyde Minges' life, and that is his element of courage. I think in his leadership of American dentistry through the past year, he has displayed an incomparable courage. In his many speeches on the radio, and in public addresses, he has brought not only to the profession, but he has brought to the public as well, the real story of the threats that lie in socialized dentistry, and he has made clear to them the implication not that they would injure the dental profession, but they would, at a long level, bring lasting detriment to the American people.

North Carolina and the residents of North Carolina can be extremely proud of Clyde Minges, but you must, as President of the American Dental Association, share him with the rest of the country.

I should like to point out one more parallel. The story of Clyde Minges is the American story, rising from humble origins, coming up the hard way, fighting for his education, fighting to the forefront in professional organization, and rising, finally, to the peak of what must be every dentist's ambition. It is the American story, and it is a tribute to Clyde Minges that through his own work in dental societies, he makes this American story possible for those who come after him.

I can think of no greater service in which to extend one's life than the way Clyde Minges has done, and that is our goal, and that can go and live as long as there are dentists in this country and as long as there is an American Dental Association.

I am sure that you and I wish for Clyde Minges, in deep and lasting admiration and affection, peace, health, plenty, and many years to come. Thank you very much. (Applause.)

DR. JACKSON: Dr. Guy R. Harrison, former member of the State Board of Health of Virginia.

DR. GUY R. HARRISON: Mr. Toastmaster, Dr. Minges, ladies and gentlemen:

The honored guest belongs to North Carolina and the nation, but we of Virginia feel that he especially belongs to us. We are grateful for the privilege of participating in paying tribute to this distinguished son of North Carolina.

We honor him for his contributions, we love him for himself. Truly, he merits the title of Gentleman.

Dr. Minges, some of your many Virginia friends ask you to accept this watch upon which there is engraved, Dr. Clyde E. Minges, President of the American Dental Association, 1949, from Virginia friends, as a token of our appreciation, esteem, and affection. (Applause.)

DR. JACKSON: Thank you, Dr. Harrison.

Dr. Fred Hunt, Secretary of the North Carolina Dental Society.

DR. FRED HUNT: Mr. Toastmaster, Dr. Minges, distinguished guests, ladies and gentlemen:

During the course of a lifetime, we are occasionally given the opportunity to perform certain acts which stand out as shining lights in the night and which afford to us much pleasure and much happiness. I want you to know that I consider this assignment here tonight to be just such a privilege.

Someone has said in the past that if you would know a man's real character, invite him to go with you on a hunting and fishing trip, but I say unto you here tonight that if you would know man's innermost soul, practice dentistry in the same office with him for a period of years.

It has been my good fortune to be closely associated with our honored guest for a period of over twenty-five years, having spent the first five and a half years of my professional life in his office.

I was privileged to be present when he was elected to his first dental society office, namely that of Secretary-Treasurer of our component society, the Fifth District Dental Society. I will not tell you that he received the honor and I did the work.

However, ladies and gentlemen, the truth is that he has advanced from this humble beginning to the Presidency of the American Dental Association in this short span of twenty-three years, and that is no doubt a record in itself.

These things just do not happen of their own accord. There is always a motivating power, and, in this particular instance, it is represented by Clyde's love and esteem for his profession and for his fellow dentists. For over thirty years, he has given unselfishly of his time, of his energy, and his money. He has traveled thousands of miles throughout the continental United States in behalf of this chosen profession with only one thought in mind, that being the advancement and improvement of dentistry.

You will notice in our programs here tonight that we are gathered to do honor to Clyde. That is not true. This North Carolina Dental Society, ladies and gentlemen, is being honored tonight by being able to entertain the President of the American Dental Association. We are proud of the record and achievements which have been made by this man.

Now, Clyde, if you will step forward, please, we of the dental profession, in North Carolina, want you to know that we are extremely proud of this unbelievable record which you have made over these thirty years. As a token of our appreciation, esteem, and love, I take great pride in presenting to you this gift which I hope will mean, many times in the future, the bringing back of fond memories of this occasion. (Applause.)

(Dr. Hunt then presented Dr. Minges with the silver compote on which was the following inscription: "The North Carolina Dental Society accords highest appreciation to Clyde Estes Minges, D.D.S., F.I.C.D., F.A.C.D., President of the American Dental Association, 1949, for his many outstanding contributions to the dental profession." (Applause.)

DR. CYLDE E. MINGES: Mr. Toastmaster, Dr. Hunt, Dr. Harrison, friends:

I am appreciative. I am pleased. I am honored. I am humble. (Applause.)

DR. JACKSON: Ladies and gentlemen: This is our life. We wish it were possible to do more. We feel that he deserves this and greater honor for the great work he has given to his people for their betterment, for the betterment of the world.

Clyde, we are honored to know you, we are honored to have you, and we shall be happy to watch your future as your contributions to your great profession shall be continued over the years which shall be yours. We thank you.

(The banquet program closed at 9 P.M. o'clock.)

BUSINESS SESSION

General Session, Friday Evening

The general session of the North Carolina Dental Society was called to order Friday evening, May 20, at 9:15 o'clock, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: The meeting will now come to order.

Gentlemen, it is stipulated in our By-Laws, Article IX, of Section 1, "The election of officers shall be the order of business at 8 o'clock on the second evening of the Annual Meeting." I am very sorry that we couldn't make it a 8 o'clock this evening, but we certainly enjoyed the privilege of honoring our A.D.A. President, Dr. Minges, at the banquet.

I need not tell you that this is one of our most important meetings. It is your duty to elect men qualified to serve this society officially. This I am sure you will do. It is not our intention to push this election along too rapidly. We would like however, to finish with this order of business as quickly as possible.

I announce the appointment of the following men to serve as the Election Committee:

Dr. E. M. Medlin, Chairman; Dr. D. L. Pridgen, Dr. G. A. Lazanby, Sr., and the District Secretaries as Assistants:

The first office to be filled is that of President-Elect. Nominations are now in order.

DR. M. J. TRULUCK: I should like to place in nomination the name of a man who has served this Society well for a number of years. He is a man of fine integrity; his character and ability are unquestioned. He has served his District as President. He is well liked, and served with honor in every capacity in which he has served.

He served the North Carolina Dental Society on a number of committees, and has done himself proud on every assignment. He is a church man, a sportsman, and, above all, he excels in his field of dentistry.

Anything else that I might say about this man would be entirely superfluous, so I won't take any more of your time to tell you more about him because you know him.

I nominate Dr. Amos Bumgardner President-Elect.

DR. WILBERT JACKSON: I would like to second the nomination of Amos Bumgardner for President-Elect of the North Carolina Dental Society.

DR. RALPH COFFEY: I'd like to second the nomination of Dr. Amos Bumgardner and move, sir, that the nominations be closed and the Secretary be instructed to cast a unanimous vote at this Society for Dr. Bumgardner as President-Elect.

DR. RALPH JARRETT: I second the last motion.

PRESIDENT SANDERS: It has been moved and seconded that the nominations be closed, the rules be suspended and that the Secretary cast the vote of the Society for Dr. Amos Bumgardner for President-Elect.

(Motion carried.)

SECRETARY HUNT: Mr. President, it is a great deal of pleasure to cast the unanimous ballot of this Society for Dr. Bumgardner for the office of President-Elect. (Applause.)

PRESIDENT SANDERS: Dr. Bumgardner, will you please come forward?

DR. AMOS BUMGARDNER: Mr. President, fellow members of the North Carolina Dental Society:

I feel humbly grateful for your confidence. I only trust that you will take me and use me as my capacity and abilities are able to serve. I shall give you that sincere devotion with which you have trusted me at this particular time.

May the days as we work together be ones of joy and fellowship.

I thank you. (Applause.)

PRESIDENT SANDERS: Thank you, Dr. Bumgardner. Nominations are now in order for Vice President.

DR. K. L. JOHNSON: I'd like to place in nomination the name of J. Walton Branham, as Vice President.

DR. SMITH: I'd like to have the honor of seconding that nomination.

DR. MOSER: I move the nominations be closed and election be by acclamation.

PRESIDENT SANDERS: It has been moved and seconded that nominations be closed, the rules be suspended, and the Secretary cast the vote of this Society for Dr. Walton Branham as Vice President of the North Carolina Dental Society.

(Motion carried.)

SECRETARY HUNT: Mr. President, it is a unique privilege that I have the opportunity to cast this unanimous ballot of the organization for Dr. Walton Branham for the office of Vice President because I know how much work Dr. Branham has done as Chairman of the Exhibit Committee for the past three years. (Applause.)

DR. J. WALTON BRANHAM: Mr. President, members of the North Carolina Dental Society.

This is indeed a surprise. I do not have my acceptance ready, but I will try to carry out the high office of Vice President to the best of my ability. I thank you. (Applause.)

PRESIDENT SANDERS: Gentlemen, we now have the responsibility of filling one of the easiest offices of our Society. It is an office which requires no work, worry, or concern, that of Secretary-Treasurer of the North Carolina Dental Society.

Do I hear a nomination?

DR. Z. L. EDWARDS: Mr. President, members of the North Carolina Dental Society, guests and friends:

The office of Secretary-Treasurer of the North Carolina Dental Society is a big job. It is not enough to say that a man is a good fellow to elect him to such an important office. In my judgment, he should be not only a good fellow, but a man of ability, a man who is alert, a man who is aggressive, a man who has initiative.

During the past two years we are now enjoying the fruits of the labors of a man whom I consider to come under that classification. If you believe the portion of the Scripture which says, "By their fruits ye shall know them," may I remind you at this time that we are now enjoying the fruits of the labor of such a man.

It is my privilege and pleasure to nominate for this high office Fred Hunt to succeed himself. (Applause.)

DR. CLAUDE PARKS: I have known Fred Hunt for more years than either would care to admit, from school days on down through the years up to the present time. He has done an excellent job as Secretary-Treasurer.

It gives me great pleasure to second his nomination.

DR. BURKE FOX: Mr. President, fellow members of the North Carolina Dental Society:

Just about twenty-five years ago tonight, Fred Hunt and I were on the rostrum of the Women's Club in Atlanta to receive our degree of Doctor of Dental Surgery. I spent four years in school with Fred, and we only have just a few members of that class of 1924 of the old Atlanta-Southern Dental College here in this Society. I doubt whether I shall ever have the privilege again of nominating or seconding the nomination of one of my fellow class members to this high office, and I feel that it is a pleasant privilege of seconding the nomination of a man that, over almost thirty years, I have always found to be true blue and four square and honest friend.

I move that the nominations be closed, the rules be suspended and that the President of North Carolina Dental Society cast the unanimous vote for Dr. Fred Hunt to succeed himself as Secretary-Treasurer of the North Carolina Dental Society.

DR. COYTE MINGES: I second the motion.

PRESIDENT SANDERS: It has been moved and seconded that the nominations be closed, the rules be suspended, and that the President cast the unanimous of the North Carolina Dental Society for Dr. Hunt as Secretary-Treasurer for the coming year.

(Motion carried.)

PRESIDENT SANDERS: Fred, it gives me great pleasure and much honor to cast the unanimous vote of the North Carolina Dental Society for you as Secretary-Treasurer for the coming year. (Applause.)

SECRETARY HUNT: Mr. President, not members and visitors but friends:

I want you to know that I appreciate from the bottom of my heart these fine things that have been said here tonight by my classmates and my acquaintances. I just wish that I were able, in a small way, to live up to what they expect of me.

There is some work to this office—there is a lot of work to it—and there is a lot of pleasure to it. I have never done anything in my life that I derived as much real satisfaction and genuine pleasure as I have from these two years as Secretary and Treasurer, in spite of the fact that my wife said if I serve another year she might divorce me.

But I want you to know it is a real pleasure and I will always try to do the very best I possibly can. If I make mistakes, I shall appreciate constructive criticism. I thank you greatly. (Applause.)

PRESIDENT SANDERS: Thank you very much, Fred.

The next to be elected are two members of the Board of Dental Examiners to succeed Dr. Wilbert Jackson and Dr. Frank Olford, each of whose terms expire this year.

I will first entertain a motion for the successor to Dr. Jackson.

DR. PARKER: It gives me great pleasure to place in nomination the name of Dr. A. C. Current of Gastonia to succeed Dr. Jackson.

There is no point in my reminding you of the many capacities in which he has served the Society or how well he has performed those duties. You know as well as I. The point that I do wish to make is the Board is losing a very valuable, very hard working member, and we need a member who can fill his place.

I am sure that you will agree that Eddie can do the job.

DR. JOHN PHARR: I would like to second the nomination of my friend and your friend, Dr. A. C. Current. It has been my happy privilege to have served six years with this fine man on the State Board of Examiners, and he is one of the finest that has been on the Board. I would certainly like to see him back on there.

I take great pleasure in seconding the nomination.

PRESIDENT SANDERS: Any further nominations?

DR. PAUL JONES: I would certainly like to avail myself of the pleasure of seconding the nomination of Dr. Current to serve on the Board of Dental Examiners. Like Dr. Pharr, it was my privilege and opportunity to serve as a member of the Examining Board for a number of years with Dr. Current, and we have never had a man as a member of that body who exercises the duties of that office with more dignity and credit to the profession.

I take great pleasure in adding my second to the nomination of Dr. Current.

MEMBER: I move the nominations be closed and the Secretary cast a unanimous ballot.

MEMBER: I second the motion.

PRESIDENT SANDERS: It has been moved and seconded that the nominations be closed, the rules be suspended, and that the Secretary cast the vote of this Society for Dr. A. C. Current as a member of the Board of Dental Examiners to succeed Dr. Wilbert Jackson.

(Motion carried.)

SECRETARY HUNT: Mr. President, I take great pleasure in casting the unanimous ballot of this Society for Dr. A. C. Current for the State Board of Dental Examiners to succeed Dr. Wilbert Jackson.

PRESIDENT SANDERS: Thank you, Mr. Secretary. Eddie, are you in the house? We would like a few remarks from you.

DR. CURRENT: Mr. President, my friends:

I have served my time in this capacity and from the first, when I was approached to come to you and try to help you again, I said "No." Several others came and said, "Eddie, we want you back." I said, "If you want me, let me know it."

I will give you what I have got, be it just a little. (Applause.)

PRESIDENT SANDERS: Thank you, Eddie.

The Chair will entertain a motion for the successor to Dr. Alford.

DR. CHAMBERLAIN: It gives me great pleasure to nominate Frank Alford to succeed himself.

Frank, as you know, has served only one year as our Secretary of the Board. I do not have to make a speech for Frank Alford. You know, I know what he has done.

It gives me great pleasure to nominate him to succeed himself.

DR. KISER: I would like to avail myself of this opportunity to second the nomination of a man that I have practiced with and practiced in the same building with as well as in the same office. I have known him as a servant of organized dentistry who has given unstintingly of his time, of his many abilities, and of his possessions as a servant of organized dentistry.

I'd like to second the nomination of Frank O. Alford to succeed himself on the Board of Dental Examiners.

PRESIDENT SANDERS: Are there any other nominations?

DR. BETTS: I move the rules be suspended and that Dr. Alford be elected by acclamation.

DR. WILLIAMSON: I second the motion.

PRESIDENT SANDERS: It has been moved and seconded that the nominations be closed, the rules suspended, and that the Secretary cast the unanimous vote of the North Carolina Dental Society for Dr. Frank O. Alford to succeed himself on the Board of Dental Examiners.

(Motion carried.)

SECRETARY HUNT: Mr. President, it gives me a great deal of pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. Frank Olford of Charlotte to succeed himself on the Board of Dental Examiners. (Applause.)

PRESIDENT SANDERS: The next order of business is to elect one delegate to the American Dental Association to succeed Dr. Wilbert Jackson.

DR. JARRETT: I wish to renominate Dr. Wilbert Jackson to this position.

DR. LINEBERGER: I second the nomination.

PRESIDENT SANDERS: Are there any other nominations?

DR. FITZGERALD: Mr. President, I move the rules be suspended and the Secretary cast a vote for Dr. Wilbert Jackson.

DR. McFALL: I second the motion.

PRESIDENT SANDERS: It has been moved and seconded that the nominations be closed, the rules will be suspended and the Secretary cast the vote of the Society for Dr. Wilbert Jackson to succeed himself as delegate to the American Dental Association.

(Motion carried.)

SECRETARY HUNT: Mr. President, I am happy to cast the unanimous ballot of this Society for Dr. Wilbert Jackson to succeed himself as the delegate of the North Carolina Dental Society to the next annual convention of the American Dental Association.

PRESIDENT SANDERS: The next order of business is to elect five alternates to the American Dental Association. I believe we are qualified to have five this year. Do I hear any nominations?

DR. COYTE MINGES: Dr. Evans of Chapel Hill.

DR. THOMPSON: I'd like to nominate Dr. Fred Hunt.

DR. SOWERS: Frank Kirk of Salisbury.

DR. EDWARDS: I'd like to place a nomination for Dr. Don Kiser from Charlotte.

DR. JOHN: Mr. President, I do not rise to nominate any candidate for office, but I would like to call the attention of the Society to the fact that the meeting will be held in San Francisco, and we would like to cer-

tainly have alternates that are going to go to the meeting because it is very convenient in the meeting of the House of Delegates at all times to have our alternates around where we can use them. We have used them at meetings before and it is very convenient and very conducive to good spirit and fellowship to have our alternates attend the meeting with the delegates because we want them there.

I just want to call the attention of the Society to that point.

DR. McFALL: I don't know what we would do without the present President. I should like to place Dr. Sanders in nomination.

PRESIDENT SANDERS: Mr. Secretary will you please take over and call a vote?

DR. HUNT: Gentlemen, you have heard the nominations of five men to the office of alternate delegate to the American Dental Association meeting in San Francisco.

Do I hear a motion?

DR. JACKSON: I move the nomination be closed, and the President be instructed to cast the vote of the entire Society for the five men.

MEMBER: I second the motion.

SECRETARY HUNT: It has been moved and seconded that nominations be closed, the rules be suspended, and that the Secretary be authorized to cast the vote of the Society.

(Motion carried.)

SECRETARY HUNT: I take great pleasure in casting this vote. Gentlemen, I declare them elected. It gives me a great deal of pleasure to cast the unanimous ballot of this Society for these five men for office of alternate delegates.

PRESIDENT SANDERS: Will the Election Committee please stand? I am happy to discharge the Election Committee with the most gracious appreciation from your President and the men here this evening. You boys have done a swell job—thank you very much.

The next order is to select the place of meeting for 1950. Do we hear any invitations?

MEMBER: I'd like to make a motion that it be Pinehurst.

MEMBER: I second that motion.

PRESIDENT SANDERS: Are there any other invitations?

We have had a wonderful time here, and I'd like to express my personal appreciation to the hotel and staff for the wonderful way they have assisted us in expediting the affairs of this convention.

If there are not other invitations, all who are in favor of coming back to Pinehurst next year, say, "aye"; opposed, "no." (Motion carried.)

DR. BURKE FOX: Mr. President, members of the North Carolina Dental Society:

This won't take just about two minutes. A matter has come to the attention of the Ethics Committee that I feel deserves a larger measure of publicity among the members of this Society.

Going back for a little history, on the twenty-fifth day of August, 1942, the A.D.A. took steps to outlaw a proposition which was known as the "Expert Dentists." Those who were members of the A.D.A. were forbidden to permit their names to be listed in this directory called the "Experts."

There is a belief in some quarters that the same people who originally published this list of "Experts" are now under a new name approaching the dentists of North Carolina and asking them to join this group and get their names listed in their roster of membership.

Now, I understand that there are 58 members of the North Carolina Dental Society who are listed in that directory. It has been impossible for me to contact a considerable number of those, but I have contacted about a half dozen of the men who were listed. Of that number, I have found that only one man knew that his name was in that group, knew when or how he got to be a member of that group. Of course, those five men that I have reference to did not pay the dues or have not paid any dues to be listed in that directory.

If you are approached and requested to join some organization and get your name listed——

DR. LINEBERGER: It so happens that I am a member of the Judicial Council of the American Dental Association.

It was brought to the attention of the Chicago Dental Society at one time, but it has never been acted on by the Judicial Council of the American Dental Association. I think you will find that——

DR. FOX: Thank you, Dr. Lineberger. You may know more about this than I do.

DR. LINEBERGER: There was a discussion about it, Fox, but I am frank about it, I know the correspondence on it. I am not in this book you are talking about or anything like that.

DR. FOX: I sort of believe you are.

DR. LINEBERGER: I was, but I was taken off about ten years ago.

DR. FOX: Dr. Lineberger as I say, may know more about it than I do — I don't know too much. The point I wanted to bring out was this — that if you are approached by a proposition of this sort, investigate it before you jump into it. I can't say how good or how bad the organization is, but I do know that at least five of our known present North Carolina dentists told me they have been included in this group without their knowing anything about it.

My authority for the statement I made in the beginning was a letter from Harold Hillenbrand, dated May 16, 1949, and he says:

"RESOLVED, by the House of Delegates of the American Dental Association in regular session assembled in the City of St. Louis, Missouri, this 25th day of August, 1942,

"That immediate steps be taken to endorse the ruling of the American Dental Association with respect to listings in the "Expert" and to facilitate such endorsement that the Secretaries of each component society be sent a copy of the official rulings of the American Dental Association with respect thereto."

In order that you may have an official ruling, I have taken the liberty of forwarding a copy of your letter to Ernest G. Sloanman, Chairman of the Judicial Council, San Francisco, California.

I don't know anything about this organization and till I hear from Dr. Sloanman—

DR. LINEBERGER: What did Dr. Sloanman tell you?

DR. FOX: This letter was dated May 16. I have not had any chance to get a letter from him before I came to this meeting, but the point was this: Don't jump into anything until you investigate.

MEMBER: What is the name of the new group?

DR. FOX: Investigate any group before you lend your name is what I would advise.

SECRETARY HUNT: You might be interested to know that the total attendance, as of 5 P. M. this afternoon, was 908. This is considerably larger than any attendance at any dental meeting of the North Carolina Dental Society. (Applause.)

Dr. W. T. Martin has asked me to announce that the history books of the North Carolina Dental Society are now on sale for \$3. If you do not have one, avail yourself of the opportunity of purchasing one. Every dentist in North Carolina should have one in his library and should read it.

I have a telegram from Dr. O. A. Oliver, addressed to this convention:

"Congratulations to the North Carolina Dental Society on its very fine selection of Walter McFall as President of your organization. I don't know any man better qualified to hold this position, and know of no one who has done more for dentistry throughout the nation than has Walter McFall. Best wishes to all my friends in North Carolina."

Signed, OREN A. OLIVER.

PRESIDENT SANDERS: Thank you, Fred.

Gentlemen, please accept my sincere appreciation for the fine spirit which you have shown here this evening.

If there is no further business, we now stand adjourned.
(The meeting adjourned at 9:45 P. M. o'clock.)

BUSINESS SESSION

HOUSE OF DELEGATES — SATURDAY MORNING

The third session of the House of Delegates of the North Carolina Dental Society was called to order at 10 A. M., Saturday morning, May 23, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: The Secretary will please call the roll.

The Secretary then called the roll and the following members were present:

Officers

C. W. Sanders
Walter McFall
T. W. Atwood
Fred Hunt

Executive Committee

S. L. Bobbitt
A. C. Current

First District

H. McGuire
(for W. D. Yelton)
A. P. Cline
(for S. H. Steelman)
Patsy McGuire
Cecil Pliss
(for W. J. Turbyfill)
A. W. Bottom

Second District

J. D. Kiser
Homer Guion
(for Joe Davis)
W. A. Ingram
Wade Sowers

Ethics Committee

W. T. Martin
Coyte Minges

State Board of Dental Examiners

Walter Clark
D. L. Pridgen

Third District

C. H. Teague
Norman Ross

Fourth District

Paul Harrell
W. T. Martin

Fifth District

Dan Wright
Charles Eatman
B. McK. Johnson

State Board of Health

Paul Jones

SECRETARY HUNT: Mr. President, you have a quorum.

PRESIDENT SANDERS: The Secretary declares a quorum present, and we are now ready for business.

DR. S. L. BOBBITT: I'd like to present the report of the Executive Committee.

THE EXECUTIVE COMMITTEE

The Executive Committee of the North Carolina Dental Society has had eight regular meetings during the year 1948-1949.

There were several meetings with other committees with regard to the establishment of a Dental School at the University of North Carolina. The place and time of meetings, expenditures and other activities, as required by the by-laws of the Executive Committee, are included in your Secretary's report.

We wish to thank the officers of the North Carolina Dental Society, and the various committees, for the cooperation and support given the Executive Committee this year.

Your committee recommends for honorary membership in the North Carolina Dental Society, the following men: Lester Hunt, D.D.S. United States Senator from Wyoming, Lindell L. Leathers, D.D.S., of Washington, D. C., Philip E. Blackerby, Jr., D.D.S., of Battle Creek, Mich.

I move the adoption of this report.—S. L. Bobbitt, Chairman.

DR. BOBBITT: I move the adoption of this report.

(The motion was seconded and carried.)

DR. D. L. PRIDGEN: I would like to dispose of two matters. The first is the committee on the President's address.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS

The President's address is in full keeping with the splendid and constructive administration which he has given to this society during the past year. In his usual, capable and courageous manner, he has grappled with some of the problems confronting the society and the profession, and has presented thoughts which are well-considered, sound and sane, and which merit our consideration. Some of his recommendations are far-reaching, and some represent a radical departure from that which has been our custom. Yet we know that the conclusions which he has reached, have not been hastily made, but only after much study, reflection and many consultations, and with the benefit of a wisdom acquired in the school of experience.

He makes four specific recommendations, and your committee reports on these as follows:

We concur in the recommendation that the North Carolina Dental Society pass a resolution in opposition to the National Compulsory Health Insurance Program as set forth in Senate Bill S-1679, and that the secretary send a copy to each U. S. Senator and Representative from North Carolina.

We concur in the recommendation for the appointment of an Advisory Committee to the University of North Carolina, and in the manner suggested.

We concur in the recommendation for the appointment, by the incoming president, of a special Committee on full time Executive Secretary with the specific duties outlined in the address.

We concur in the recommendation that the Constitution and By-Laws of the North Carolina Dental Society be revised to conform with that of the A.D.A., especially where it relates to Life Membership, and with the stipulations mentioned in the address.—A. C. Current, C. C. Poindexter, D. L. Pridgen.

DR. PRIDGEN: Mr. President, I move the adoption of this report.

(The motion was seconded and carried.)

DR. PRIDGEN: I should like to report the Constitution and By-Laws Committee on the revision in our Constitution and By-Laws which was read at the opening meeting of the House of Delegates.

Is it necessary to read it all again?

PRESIDENT SANDERS: As you think best Dr. Pridgen, or you can read it in by title if you so desire.

DR. PRIDGEN: It is amending Section 1 to increase the dues to \$19, to conform with the A.D.A. By-Laws, and, of course, in Section 4, in the matter of reinstatement, it just makes that \$37 and \$26.

I move the final adoption of the revision.

MEMBER: I second the motion.

PRESIDENT SANDERS: You have heard the reports read before and you have heard it reviewed at this time. Is there any discussion?

DR. McFALL: Not discussion, but for our information, does this complete all of the changes to conform to the A.D.A. or is that going to be a year's work?

DR. PRIDGEN: It will be a year's work.
(Motion carried.)

DR. JOHN PHARR: As Chairman of the Resolutions Committee and in consultation with Dr. J. Ben Robinson, we'd like to offer a resolution in conformance with the President's address.

THE RESOLUTIONS COMMITTEE

WHEREAS, the North Carolina Dental Society for generations has worked unceasingly to render an adequate dental service to the citizens of the State of North Carolina, and,

WHEREAS, the proposed system of federal compulsory health insurance will inevitably react in a serious deterioration of the ability of the dentists of the State to render more and better dental service, and,

WHEREAS, the proposed system of federal compulsory health insurance will also result in serious impairment of what is now the best dental health care available to any of the peoples of the world, Be It Resolved, That the North Carolina Dental Society join the American Dental Association and its other forty-nine state constituent societies in expressing its

unalterable opposition to federal compulsory health insurance, and, Be It Resolved, That the North Carolina Dental Society memorialize its representatives in the Congress of the United States to oppose any legislation of this type and to adopt the constructive program offered by the American Dental Association for the improvement of the dental health of the nation.—John R. Pharr, Chairman.

Mr. President, I move acceptance of this resolution.

PRESIDENT SANDERS: You have heard this resolution read. You have a motion for its adoption. Do I hear a second?

(Motion was seconded and carried.)

DR. F. O. OLFORD: I have a report that Dr. Sheffield asked me to present. He had to leave last night.

I would like to read it in by title if it is agreeable with this group. It is the report of the Publicity Committee, and will be published in the proceedings. I can read it, but he asked me to present it by title.

PRESIDENT SANDERS: Do I hear a motion that this report be received by title?

THE PUBLICITY COMMITTEE

The pre-convention publicity for the North Carolina Dental Society was handled by Mr. R. W. Madry of the University News Bureau, Chapel Hill, N. C. Photographs of the clinicians and officers, advance copy of the program, and other material were furnished Mr. Madry. A number of articles beginning with Sunday, April 24, 1949, with mats and lay outs were furnished all the daily papers in North Carolina and some adjoining states. These news releases have covered all phases of the program including the subject of the papers and clinics, and also photographs of clinicians and officers of the society.

The publicity for the convention itself has been very ably handled by Mr. George F. Shearwood, Director, Press Bureau, Pinehurst, N. C. Mr. Hemmer, also of Pinehurst has taken care of the photographic part of the publicity.

The large attendance at this meeting is evidence of the splendid performance of these men of the press who have done a wonderful job in publicizing our meeting. We would like to extend our sincere thanks to Mr. Madry, Mr. Shearwood, and Mr. Hemmer for their very splendid work and their contribution in making this meeting one of the best in the history of our society.—Neal Sheffield, Chairman.

DR. BOBBITT: I move it be received by title.

(Motion was seconded and carried.)

DR. ALFORD: I have a report of the Board of Dental Examiners. It comprises about fifteen pages. It is the same report that was presented to Governor Scott. If you would like for me to read it, I will.

DR. FITZGERALD: I move it be submitted by title.

THE NORTH CAROLINA STATE BOARD OF
DENTAL EXAMINERS

To His Excellency
W. Kerr Scott
Governor of North Carolina
Raleigh, North Carolina

Sir:

In accordance with the provisions of the dental law, I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year of 1949.

Three meetings have been held during the year.

The North Carolina State Board of Dental Examiners held a special meeting at the George Vanderbilt Hotel, Asheville, North Carolina, April 27, 1948, for the purpose of affording Rev. J. H. Armbrust, of Statesville, North Carolina, hearing in behalf of Dr. Ralph Flowers, of Hickory, North Carolina, for the reinstatement of license to practice dentistry and to transact any other business coming before the Board. All members were present, with Dr. D. L. Pridgen, President, presiding. The minutes of the last meeting were read and approved.

Rev. Armbrust stated his case and the Board went into executive session to consider the evidence presented in Dr. Flowers' behalf. The Board voted to defer action on this matter until the first order of business at the June annual meeting.

The Board voted for the secretary to consult an attorney and report his opinion at the June meeting on the legality of licensed hygienists applying sodium fluoride for the prevention of dental decay in the practice of their profession. It was the opinion of Attorney I. M. Bailey that only licensed dentists could legally make this application.

One day per diem was voted for this meeting.

There being no further business, the meeting adjourned.

The North Carolina State Board of Dental Examiners held its sixty-eighth regular meeting at the Carolina Hotel in Raleigh, North Carolina, beginning Monday morning, June 28, 1948, at 9:00 o'clock for the purpose of examining applicants for licensure and to discuss any other business that might come before the Board.

The Theoretical examinations were given in the Hall of the House of Representatives at the State Capitol. The practical examinations were held in the ballroom of the Carolina Hotel.

All members of the Board were present with Dr. D. L. Pridgen, President, presiding.

Sixty-two applicants for licensure to practice dentistry, having complied with the requirements of the State Board, were permitted to take the examination required by the Board. Applicants No. 5, John Harris Swain of Raleigh, North Carolina; No. 17, William Henry Fitzgerald of Clarksville, Virginia; No. 43, Arthur Lewis Conner, of Chatham, Virginia; and No. 59, Watson O'Dean Powell, of Richmond, Virginia, failed to present for examination.

Five Applicants for licensure to practice Dental Hygiene, having complied with the requirements of the Board, were permitted to take the examination given by the Board; all were present.

The Board held an executive session, Wednesday night, June 30, Room 909, Carolina Hotel, Raleigh, North Carolina. The meeting was called to order by Dr. D. L. Pridgen, President, who presided. All members of the Board were present.

A letter from Rev. J. H. Armbrust of Statesville in behalf of the restoration of a license for Dr. Ralph Flowers of Hickory was read, also an affidavit for the Tri-County Dental Association of Hickory was read. The affidavit opposed the restoration of license to Dr. Flowers. After due consideration, the Board voted to refuse the restoration of Dr. Flowers' license because of his criminal record as sustained by the Supreme Court of North Carolina and the opposition of the local dental societies. The Secretary was authorized to inform Rev. Armbrust of the action of the Board.

The Board voted to permit the North Carolina Dental Laboratory Association to conduct educational programs to teach the newer laboratory techniques in dentistry to the members of that organization upon their application for this permission.

The Secretary was authorized to place an order with Mr. W. Z. Betts, Purchasing Agent for North Carolina, for thirty Army field dental chairs to be purchased from surplus war materials if available.

The Board voted to try to secure the services of the State Bureau of Investigation in helping to bring to court violators of the North Carolina dental law. Mr. Anderson, Chief Investigator of the Bureau of Investigation, was interviewed and promised the service of his department at any time it was needed. It was voted to hold a special meeting to canvass the grades of the applicants for licensure on Sunday, July 18, at 9:00 A. M. in the Carolina Hotel, Raleigh, North Carolina.

The Board voted eleven days per diem for preparing and holding the examination and canvassing the grades.

The Board voted to pay \$6.00 to each member for the mimeographing of questions for the examination.

The following officers were elected for the ensuing year:

Dr. D. L. Pridgen, President, Fayetteville, North Carolina.

Dr. Frank O. Alford, Secretary-Treasurer, Charlotte, North Carolina.

Dr. Wilbert Jackson and Dr. Frank Alford were elected delegates to the meeting of the American Association of Dental Examiners which will be held in Chicago, September 10 and 11, 1948.

Dr. D. L. Pridgen and Dr. Walter Clark were elected delegates to the North Carolina Dental Society.

There being no further business, the Board adjourned.

The North Carolina State Board of Dental Examiners met at the Carolina Hotel, Raleigh, North Carolina, July 18, 1948, in Room 301, in a Special Meeting for the purpose of canvassing grades of applicants who took the examination given by the North Carolina State Board of Dental Examiners, beginning on June 28, 1948, and to transact any other business coming before the Board.

All members were present with Dr. D. L. Pridgen, President, presiding.

Dr. Paul E. Jones and Dr. Ernest A. Branch of the North Carolina State Board of Health appeared before the Board to present the United States Public Health Service program in the use, administration, and topical application of sodium fluoride. This program, as proposed by the United States Public Health Service, would send a mobile unit composed of dentist, secretary, dental hygienist, and dental assistant into North Carolina to teach the dentists the topical application of sodium fluoride.

The subject was discussed, and it was decided that the plan as presented, to be administered by the Public Health Service, would be illegal in North Carolina, unless conducted by persons licensed to practice dentistry in North Carolina. In view of sodium fluoride already being used topically by 700 dentists in the State, the North Carolina Board of Dental Examiners felt that the program is well under way at this time, and to save government expense, it would be unwise to ask aid from the United States Public Health Service, and that the Public Health Service team be not invited to North Carolina at this time.

The secretary was ordered to write the dental member of the North Carolina State Board of Health to this effect.

Upon tabulation of the grades of the examination given, beginning June 28, 1948, in Raleigh, the following, having received an average of 80 or more, were given licenses to practice dentistry in North Carolina:

License

No.

1930—G. C. Simkins, Jr.	Greensboro, N. C.
1931—A. G. White	Henderson, N. C.
1932—E. B. Ward, Jr.	Rowland, N. C.
1933—C. C. Haynes	Youngstown, Ohio
1934—R. H. Libby	Milwaukee, Wisc.
1935—A. R. Tannenbaum	Greensboro, N. C.

1936—C. F. Biddix	Marion, N. C.
1937—B. E. Grant	Fort Bragg, N. C.
1938—P. L. Hamilton	Shelby, N. C.
1939—H. P. Reeves, Jr.	Lakeland, Fla.
1940—W. M. Field	Bedford, Va.
1941—E. M. McDonald	Sumter, S. C.
1942—E. E. West, III	Roanoke, Va.
1943—H. E. Artress	Riverdale, Md.
1944—Alexander Clark	Atlanta, Ga.
1945—O. R. Stovall	Rocky Mount, N. C.
1946—Karol I. Andreve	Philadelphia, Pa.
1947—E. R. Ferro	New Orleans, La.
1948—J. M. Snyder	New River, N. C.
1949—J. K. Holladay	Charlotte, N. C.

The following, having received an average of 80 or more, were given license to practice dental hygiene in North Carolina:

License

No.

22—Mariel Ruth Derby	Tryon, N. C.
23—Mrs. Nannie Lou Horton	Graham, N. C.
24—Doris Ernell Griffin	Durham, N. C.
25—Nancy Lawrence Sutton	Charlotte, N. C.
26—Martha Sue Cameron	Thomasville, N. C.

License

No.

1901—E. S. Benson, Jr.	Wilmington, N. C.
1902—N. N. Underwood	Roseboro, N. C.
1903—J. R. Wheless	Spring Hope, N. C.
1904—deleted	
1905—C. W. Horton	High Point, N. C.
1906—W. P. Marshall, Jr.	Raleigh, N. C.
1907—T. P. Freeman	Lenoir, N. C.
1908—W. H. Johnson	Hertford, N. C.
1909—P. M. Medford	Waynesville, N. C.
1910—J. H. Lee	Goldsboro, N. C.
1911—J. A. Stephens	Lumberton, N. C.
1912—George Green	Nathalie, Va.
1913—N. B. Evans	Oxford, N. C.
1914—S. D. Nelson	Hughes, Ark.
1915—C. T. Wells, Jr.	Canton, N. C.
1916—L. G. McLendon	Monroe, N. C.
1917—L. B. Dickens, Jr.	Keysville, Va.
1918—J. S. Evans, Jr.	Henderson, N. C.
1919—E. D. Barnwell	Edneysville, N. C.
1920—W. O. Payne	Stumpy Point, N. C.
1921—B. P. Lentz	Salisbury, N. C.
1922—R. A. Hawkins	Charlotte, N. C.

1923—T. R. Collins	Holly Springs, N. C.
1924—J. R. Beard	Cornelius, N. C.
1925—J. S. Williams, Jr.	Conover, N. C.
1926—C. W. Floyd	Clovers, S. C.
1927—J. J. Hoyt	Plymouth, Mich.
1928—C. M. Hinkley	Asheville, N. C.
1929—W. H. Davis	Asheville, N. C.

The following failed, having made an average of less than 80:

H. F. Fuerst	Brooklyn, N. Y.
C. R. Boyd	Bassett, Va.
J. E. Boyter	Columbus, Ga.
L. E. Dellinger	Greenville, S. C.
C. D. Murphy	Atlanta, Ga.
Douglas Henry	Fort Bragg, N. C.
I. N. Hammonds	Tarboro, N. C.
C. F. Sprague	Boston, Mass.
D. D. Lee	Fayetteville, N. C.
R. B. Keller	New York, N. Y.

There being no other business, the Board adjourned at 5:45 P.M.

During the year two violations of the dental law were reported and investigated and a hearing will be given these violators at a meeting of the Board in May 1949.

Attached hereto is a financial statement as of January 1, 1948 to December 31, 1948 which was compiled by a Certified Public Accountant.—Frank O. Alford, Secretary-Treasurer.

J. M. Van Hoy
CERTIFIED PUBLIC ACCOUNTANT
Charlotte, N. C.

February 7, 1949

Dr. D. L. Pridgen, President
North Carolina State Board of Dental Examiners
Fayetteville, North Carolina

Dear Sir:

We have examined the books of the Secretary-Treasurer of the North Carolina State Board of Dental Examiners as at December 31, 1948 have reviewed the system of accounting procedure and have examined the accounting records and other supporting evidence, by means and to the extent we deemed appropriate.

In our opinion, the accompanying balance sheet and related statements of cash receipts and disbursements present fairly the position of the accounts of the Secretary-Treasurer at December 31, 1948, and the

results of the operations of his office for the year then ended, in conformity with generally accepted accounting principles as applied on a basis consistent with that of the preceding year.

This report includes the following statements:

Exhibit A. Balance Sheet at December 31, 1948.

Exhibit B. Statement of Cash Receipts and Disbursements for the year then ended.

Schedule 1 Statement of Per Diem and Expense of Members of the State Examining Board during the year.

Schedule 2 Statement of Examination and Clinic Expenses.

Schedule 3 Reconciliation of Bank Account at December 31, 1948.

The following statistics have been compiled from the official records of the Secretary-Treasurer:

63 Renewal 1948 Licenses were issued at \$2.00 each	\$ 126.00
1021 Renewal 1949 Licenses were issued at \$2.00 each ..	2,042.00
3 Duplicate Licenses were issued at \$2.00 each	6.00
66 Applicants were examined for Licenses at a fee of \$20.00 each	1,320.00

1 Renewal of 1909 Delinquent License was issued with a penalty attached of \$42.00 and renewal fee totaling .	44.00
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The personnel of the State Board of Dental Examiners during the year was as follows:

OFFICERS

Dr. D. L. Pridgen, President	Fayetteville
Dr. Frank O. Alford, Secretary-Treasurer	Charlotte

MEMBERS

Dr. Wilbert Jackson	Clinton
Dr. Neal Sheffield	Greensboro
Dr. Walter E. Clark	Asheville
Dr. A. T. Jennette	Washington

Respectfully submitted

J. M. VAN HOY (Signed)

Certified Public Accountant

EXHIBIT A:

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS
DR. FRANK O. ALFORD, *Secretary-Treasurer*

BALANCE SHEET
December 31, 1948

Assets:

Cash in Bank	\$1,493.60
Cash in Hand	262.00
Total	<u>\$1,755.60</u>

Liabilities and Surplus:

No Liabilities	
Surplus	\$1,755.60
Total	<u>\$1,755.60</u>

EXHIBIT B:

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS
DR. FRANK O. ALFORD, *Secretary-Treasurer*

CASH RECEIPTS AND DISBURSEMENTS
Year Ending December 31, 1948

Cash in Bank and on Hand January 1, 1948	\$1,078.60
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Receipts:

1948 License Issued	\$ 126.00
1949 License Issued	2,042.00
Examination Fees	1,320.00
Duplicate License Issued	6.00
Renewal of Delinquent License with Penalty Attached	44.00
Sale of Mailing Lists	22.00
Telephone Tolls Refunded	1.26

Total Receipts	<u>3,561.26</u>
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Total Balance and Receipts	<u>\$4,639.86</u>
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Disbursements:

Salaries:

Dr. Frank O. Alford, Secretary	\$300.00	
Miss Nancy Sutton, Asst. Secty.	300.00	\$600.00

Per Diem Members State Board of Examiners	
—Schedule 1	924.60
Examination and Clinic Expenses—Schedule 2	759.05
Postage	105.00
Stationery and Printing	173.72
Legal and Auditing	175.00
Bank Service Charges	1.00
Annual Meeting Dues	45.00
Telephone Tolls	85.00
Special Meeting Expenses	12.50
Intangible Tax Withheld by Bank	1.39
Returned Check	2.00
	<hr/>
Total Disbursements	2,884.26
	<hr/>
Cash Balance December 31, 1948	\$1,755.60
	<hr/>
Bank Balance	\$1,493.60
Cash on Hand	262.00
	\$1,755.60

SCHEDULE 1

PER DIEM AND EXPENSES

Dr. Walter Clark:	
Per diem	\$120.00
Travel	52.00
Meals	4.00
Questions for 3 Meetings 1948	6.00
	<hr/>
	\$182.00
Dr. Wilbert Jackson:	
Per diem	120.00
Travel	13.00
Meals	4.00
Questions for 3 Meetings 1948	6.00
	<hr/>
	143.00
Dr. Neal Sheffield:	
Per diem	120.00
Travel	15.00
Meals	4.00
Questions for 3 Meetings	6.00
	<hr/>
	145.00
Dr. A. T. Jennette:	
Per diem	120.00
Travel	21.00
Meals	4.00
Questions for 3 Meetings 1948	6.00
	<hr/>
	151.00

Dr. F. A. Alford:

Per diem	120.00	
Travel	31.60	
Meals	4.00	
Questions for 3 Meetings 1948	6.00	161.00

Dr. D. L. Pridgen:

Per diem	120.00	
Travel	12.00	
Meals	4.00	
Questions for 3 Meetings 1948	6.00	142.00

Totals		\$924.60
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SCHEDULE 2

EXAMINATION AND CLINIC EXPENSES

Lamp Bulbs	\$.99
Laundry of Towels	39.45
Signs and Cards	6.75
Nurse and Assistant	55.00
Electric Wiring for Equipment	10.00
Drayage	8.00
Room for Examination and Meals	415.16
Stone Models	12.40
Advertising	19.53
Printing and Stationery	18.25
Insurance on Equipment	6.30
Storage on Equipment	13.68
Rooms and Meals for Board Meeting to Canvass Grades	17.10
Janitor Service	35.00
Storage on Equipment from 7-2-48 to 7-2-49	37.15
Model Teeth for Examination	45.60
Moving Chairs	2.00
Material for Clinic	16.69
Total	\$759.05

Explanation of items in audit not fully explained:

Exhibit B—Disbursements:

Annual meeting dues should be dues to the American Association of Dental Examiners, an organization of which this Board is a member.

Per diem members of Board included travel and meals enroute to the meetings and questions for examination.

Schedule 1—

Per diem, travel and meals was for the three meetings held during the year—questions was for the printing of questions for the examination only.

Schedule 2—

Room for examination and meals included rooms and meals for the Board members during the week of the examination and ball room and special meeting rooms for holding the examination.—Frank O. Alford, Secretary-Treasurer.

DR. BOBBITT: I move it be received by title.

(Motion was seconded and carried.)

DR. ALFORD: I have a report of the Board of Dental Examiners. It comprises about fifteen pages. It is the same report that was presented to Governor Scott. If you would like for me to read it, I will.

DR. FITZGERALD: I move it be submitted by title.

(Motion was seconded and carried.)

DR. L. FRANKLIN BUMGARDNER: I have a report of the Editor-Publisher.

REPORT OF THE EDITOR-PUBLISHER

During the past year a number of problems have arisen, most of which have been solved to at least a temporary degree. Some of these difficulties have been financial others in accepting the proper advertising. That is to say with approximately 50% of our former advertisers either not qualified by the Prosthetics Dental Service committee in our own state or out of state laboratories without certification standards to be graded by, we have had to seek new sources of revenue. With these and other facts of increased cost in mind the size of our publication obviously has been kept to a minimum and a sizable amount of material has gone unpublished.

The general format of the Bulletin has been completely changed to conform to the general and more modern trends in journalism and stimulation of reader interest. This change in design is original and is more or less a direct result of ideas projected last October in Chicago at the meeting of the American Association of Dental Editors. At this meeting your Bulletin was honored by the election of your Editor as Vice-President and to the Board of Directors of this Association. I am very happy to have had a part in our state publication gaining this recognition. Your editor attended an all day session of the Board of Directors again in Chicago February 27th and expect to be present at the A.A.D.E. annual meeting in San Francisco this fall. It has been extremely profitable and indeed a pleasure to work with the leaders in Dental Journalism and to more fully appreciate the time and effort that goes into making our literature the highest type.

Every effort has been made to carry out the plans of the Prosthetic Dental Service committee in the Bulletins advertising program, and with but one minor unintentional exception there has been no advertising accepted whose products have not met A.D.A. specifications or any lab-

oratories not accredited by the N. C. Prosthetics Dental Service committee. This has necessitated the curtailment of several of our best sources of income. Perhaps these latter changes have been profitable in that it has created a competitive interest in the most popular spaces to such an intensity that beginning with the next fiscal year the inside first and second pages and the back cover page have been doubled or increased in price to \$60.00 each. The page following the reading matter as well as the inside back cover have been increased 25% or from \$30.00 to \$38.00. All color ads are 35% additional with no extra charge for bleed pages. This pattern is somewhat in keeping with the policies followed by the Journal of the A.D.A.

Up to the present time only one small increase in advertising rates have been made during the past six years. These from \$25.00 to \$30.00 for the full page, \$18.00 for the half page and \$10.00 for the full page.

Including the membership, the exchange list, the libraries and non-members outside our state the total circulation for this year was 5300.

A detail of Bulletin activities show that the following number of Bulletins were printed:

1200 Proceedings (August 1948)
 1100 Bulletins (October 1948)
 1000 Bulletins (January 1949)
 1200 Bulletins (April 1949)
 800 hand programs (May 1949)

5300

Also 15 telephone calls, 44 telegrams, 1500 letters and 412 post cards were made during the year.

DISBURSEMENTS

1948

American Association of Dental Editors (Dues).....	\$ 5.00
Southern Bell Telephone and Telegraph Co.	8.57
Economy Printing Co.....	176.85
Postmaster (Mailing of Proceedings).....	10.00
Postmaster (Stamps)	12.50
Economy Printing Co.....	9.58
Economy Printing Co. (Cuts for October Bulletin).....	31.60
Economy Printing Co. (Binding of Proceedings).....	11.00
Southern Bell Telephone and Telegraph Co.....	2.93
Postmaster (Stamps)	14.00
Economy Printing Co. (October Bulletin).....	379.80
Southern Bell Telephone and Telegraph Co.....	2.52
Postmaster (Stamps)	12.25

1949

Economy Printing Co. (January Bulletin).....	441.50
American Association of Dental Editors (Dues).....	6.00
Postmaster (Stamps)	12.00
Southern Bell Telephone and Telegraph Co.....	22.41
Economy Printing Co.....	231.00
Southern Bell Telephone and Telegraph Co.....	9.29
Economy Printing Co.....	30.95
Economy Printing Co.	18.93
Postmaster (Stamps)	15.00
Postmaster (Bulletin Deposit)	10.00
Economy Printing Co. (April Bulletin)	436.99
Southern Bell Telephone and Telegraph Co.....	10.24
Economy Printing Co. (800 hand programs).....	253.00
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Total Disbursements	\$2,173.27

RECEIPTS

1948

Richmond Dental Laboratory.....	\$ 30.00
Seven-Up Bottling Company.....	18.00
Crumpton (Rosters)	5.00
Woodward Prosthodontic Company.....	30.00
Thompson Dental Company.....	30.00
Corega Chemical Company.....	29.40
Richmond Dental Company.....	30.00
Dairy Council	43.00
Noyes and Sproul (Pycopay).....	30.00
Fleming Dental Laboratory.....	30.00
Keener Dental Supply.....	18.00
Powers and Anderson Dental Supply Company.....	30.00
Luxene, Inc.	60.00
Charlotte Laboratory	30.00
Central Dental Laboratory	10.00
Ray-Lyon	30.00
Raleigh Dental Laboratory	30.00
Commercial Casualty Insurance Company.....	30.00
R. D. Webb Dental Manufacturing Company.....	18.00
Merrimon Insurance Company.....	10.00
S. S. White Dental Manufacturing Company.....	30.00
Economy Printing Company.....	10.00
North State Dental Laboratory	60.00

1949

Keener Dental Supply.....	\$ 18.00
Edwards Dental Laboratory.....	10.00
Commercial Casualty Insurance Company.....	30.00
Merrimon Insurance Agency.....	10.00
S. and S. Laboratory.....	10.00

Raleigh Dental Laboratory.....	30.00
Powers & Anderson Dental Supply Company.....	30.00
Corega Chemical Company.....	29.40
A and S Laboratory (Annual rate).....	90.00
Thompson Dental Company.....	30.00
Carter Laboratory	18.00
Charlotte Laboratory	30.00
Wise Dental Laboratory	10.00
Economy Printing Company.....	10.00
Pattishall and Branch Laboratory.....	18.00
Dairy Council	43.00
Luxene, Inc.	60.00
Ray-Lyon	30.00
Coca-Cola Bottling Company	10.00
Buran's Dental Laboratory	30.00
Mid Pines	10.00
Ferguson Laboratory	10.00
Horton Laboratory	10.00
Miller Laboratory	18.00
Richmond Dental Laboratory	30.00
North State Dental Laboratory.....	18.00
R. D. Webb Dental Manufacturing Company.....	18.00
S. S. White Dental Manufacturing Company.....	30.00
Woodward Prosthetic Company.....	30.00
Fleming Dental Laboratory.....	30.00
Spakes Dental Laboratory.....	10.00
Central Dental Laboratory.....	10.00
Noble Dental Laboratory.....	30.00
Rothstein Dental Laboratory.....	30.00
Pinehurst, Inc.....	30.00
Commercial Casualty Insurance Company.....	18.00
Fleming Dental Laboratory.....	30.00
Woodward Prosthetic Company.....	30.00
S. S. White Dental Manufacturing Company.....	30.00
R. Lee Toombs Dental Laboratory.....	30.00
Charlotte Dental Laboratory.....	18.00
Keener Dental Laboratory.....	18.00
Thompson Dental Company.....	42.00
Dentist Supply Company of N. Y.....	30.00
Noyes and Sproul.....	29.40
S & S Laboratory.....	10.00
Richmond Dental Laboratory.....	30.00
North State Dental Laboratory.....	18.00
Luxene, Inc.	60.00
Chamber of Commerce.....	10.00
Noble Dental Laboratory.....	30.00
Carter Laboratory	18.00
Corega Chemical Company.....	29.40
Merrimon Insurance Agency.....	10.00
Greensboro Laboratory	10.00

R. D. Webb Manufacturing Company.....	18.00
Central Laboratory	10.00
Powers & Anderson Dental Supply Company.....	30.00

Total Receipts	\$2,072.60
Total Receipts (Ending May 31st, 1949).....	\$2,525.92
Total Disbursements (Ending May 31st, 1949).....	2,173.27

Cash, Union National Bank (Ending May 31st, 1949).....\$ 352.65

DR. BUMGARDNER: I move adoption of this report.

DR. PRIDGEN: I should like to inquire of Dr. Bumgardner whether he knows what effect President Truman's proposal to boost the postal rates would have on the publication of our Bulletin and the distribution of it.

DR. BUMGARDNER: No, I do not.

DR. PRIDGEN: Mr. President, I think while we are sitting here, it has occurred to me that this matter has not been brought before the House of Delegates.

As I understand the proposed legislation, if enacted, will, during the first year, boost the cost of the Journal of the A.D.A. something like 350 per cent. The postal regulations have made some provision for publication which were of a strictly religious, scientific, or educational nature, but there is no provisions, as I understand it, made in the bill which is pending, and I think it would be well for this Society to go on record and write to our U.S. Senators and Representatives asking that this provision be inserted in the new law.

PRESIDENT SANDERS: Do you make that motion, Dr. Pridgen?

DR. PRIDGEN: Yes, I should like to make that motion, and if the Secretary of the Society does not have the information which he would need in order to draft such a communication, when I return to my office, I think, I can supply him with it.

PRESIDENT SANDERS: Would you allow us to dispose of this report and then make that motion?

You have heard the reading of this fine report and the motion that it be adopted.

(Motion seconded and carried.)

PRESIDENT SANDERS: Roy, will you please make your motion now? I think it would be in order at this time.

DR. PRIDGEN: Mr. President, I move that the Secretary of the Society be instructed to write to each U.S. Senator and Representative from North Carolina asking that in the proposed postal bill which is pending there be an amendment to exempt publications which are of a purely religious, educational, or scientific nature.

PRESIDENT SANDERS: Gentlemen, you have heard this suggestion made by Dr. Pridgen and the motion made for its adoption. Do I hear a second?

DR. McFALL: I second the motion.

(Motion carried.)

PRESIDENT SANDERS: Do we have any other reports at this time? (There was no response.)

If not, I shall like to avail myself of this opportunity to offer my most abject apologies to Dr. F. O. Alford for failing in the confusion and rush last evening to recognize him and give him an opportunity to make a speech following his re-election to the North Carolina State Board of Dental Examiners.

Dr. Alford, if you so desire, you may have the floor and make your speech at this time.

DR. ALFORD: Mr. President, I appreciate the confidence that was expressed here last night and I would more than appreciate sympathy from all of you. (Applause.)

MEMBER: Dr. A. S. Cromartie of Fayetteville has a request that he be given life membership in the A.D.A. He joined the State Society in 1907 and became a state life member in 1933. According to the books of the Fourth District Dental Society, he is entitled to this honor.

I make a motion that he receive it.

SECRETARY HUNT: You didn't have that information that he be a member for thirty-five years and sixty-five years of age. The Secretary will handle that for you. It does not have to come through the House of Delegates anymore.

PRESIDENT SANDERS: Any further business that this House of Delegates should consider at this time? (There was no response.)

Dr. Hunt, our Secretary, has an announcement.

SECRETARY HUNT: You might be interested to know that the final figures on the registration were as follows:

First District, 89; Second, 146; Third, 104; Fourth, 107; Fifth, 89.

The total is 535 dentists (that's members of the North Carolina Dental Society) present; hygienists, 9; visitors, 300; exhibitors, 67; total attendance, 911, which is the largest attendance we have ever had in a meeting of the North Carolina Dental Society.

I read at this time a list of those who have been appointed to the Dental Advisory Committee to the University of North Carolina. That is, as you know, in connection with the formation of a dental school at Chapel Hill.

(Secretary Hunt then read the appointments.)

May 9, 1949

Dr. R. Fred Hunt, Sec.-Treas.
North Carolina Dental Society
Rocky Mount, N. C.

Dear Fred:

I have received a letter from Chancellor House requesting that a special committee be selected to officially represent the North Carolina Dental Society and to advise with the University, to furnish sentiment and opinion of the membership of our society concerning the dental school. After talking the matter over with Dr. Lineberger, President-Elect McFall and a number of others it has been decided to have a committee of fifteen—three from each district.

The following men have been selected and you will notice the membership is staggered:

DENTAL ADVISORY COMMITTEE TO THE UNIVERSITY OF NORTH CAROLINA

First District

Dr. Ralph Coffey	1950
Dr. Walter Clark	1951
Dr. A. C. Current	1952

Second District

Dr. Claude Parks	1950
Dr. Amos Bumgardner	1951
Dr. John Pharr	1952

Third District

Dr. Frank Gilliam	1950
Dr. Marvin R. Evans	1951
Dr. L. G. Coble	1952

Fourth District

Dr. R. M. Olive, Sr.	1950
Dr. Wilbert Jackson	1951
Dr. H. O. Lineberger	1952

Fifth District

Dr. Darden Eure	1950
Dr. Clyde Minges	1951
Dr. Paul Jones	1952

This committee seems to meet the approval of all I have had a chance to contact and I would like for you to notify each of these men as soon as possible. This committee will supersede the old Dental College Committee. I plan to ask the House of Delegates to ratify this selection to make it official. It is yet to be decided how the new member from each

district next year would be chosen. Perhaps, it would be wise to let each district choose the member to represent it and then let all five selections be ratified at our state meeting each year by the House of Delegates. The Committee will be known as the *Dental Advisory Committee to the University of North Carolina*.

Hope things are not bearing too heavily upon you at this time. You are doing a nice job, Fred, and I am most grateful.

Sincerely yours,

C. W. Sanders, President

North Carolina Dental Society.

CWS/w

I should like to thank the Secretaries of the Fifth District for the way they handled the registration. This has been, without a doubt, the nicest registration I have ever seen since I have attended meetings during the past twenty-five years.

I should like to take this opportunity to thank Dr. Royster Chamblee, who has served as Chairman of Arrangement Committee. He has worked long and hard and has really done a fine job.

I should also like to thank Dr. K. L. Johnson, who has looked after the clinics. I didn't go into the clinic room—I was occupied elsewhere—but I understand that this was one of the nicest sessions that we have ever had of state and local clinics.

I would also like to thank Dr. Howard Branch and Dr. Baker and all the other committee Chairmen and members who have so ably assisted the officers during the past year, because they are the ones who did the work.

PRESIDENT SANDERS: I would like to take the opportunity to endorse all that Dr. Hunt has said. In addition, I would like to thank him for his services and thank each and every member of the House of Delegates for your loyalty and support during the past year. You have done a good job. Without your help, the administration which I have attempted to head would have been a failure. You have my personal thanks and appreciation.

Is there any further business? (There was no response.)

If there is no further business, I will entertain a motion that this House of Delegates be adjourned.

(Motion was moved, seconded, and carried, and the meeting was adjourned.)

GENERAL SESSION
Saturday Morning Session

The second general session of the North Carolina Dental Society was called to order immediately following the adjournment of the House of Delegates, Dr. C. W. Sanders, President of the Society, presiding.

PRESIDENT SANDERS: The general session will come to order.

The first order of business is the installation of new officers. I shall ask Dr. Pridgen and Dr. Bottoms to escort our new President, Dr. McFall, to the front.

Walter, it is with a feeling of pride and satisfaction that I turn the honors and responsibilities of this Society over to you—pride which comes when I realize the accomplishment of this fine organization during the year in which I have been privileged to serve as President, and satisfaction because I am sure of your ability and sincere desires to make yours the most successful administration in the history of our Society.

The North Carolina Dental Society couldn't have chosen a more experienced, a more willing, and a more conscientious member to lead us during the coming year than it has. You are assuming the leadership of one of this nation's most outstanding state dental organizations, and you will have supporting you the finest group of men it has ever been my privilege to know. In handing you this symbol of authority, the gavel, I also wish to assure you that my services will always be at your disposal if needed.

I wish you the best of luck and the most successful administration. (Applause.)

PRESIDENT McFALL: Thank you so much, sir. Thank you President Sanders, and thank you, ladies and gentlemen.

I begin to understand just a little how Clyde felt last night. You don't move into a state and become President of a group like this without very mixed emotions.

I met a lot of you intimately during the past twelve months; at our meeting in Asheville a year ago, I met many others. During the next twelve months that it will be my privilege to carry out your mandates, to help fulfill Past President Sanders' splendid President's address, and to do all of those things that the long line of fine, heroic souls have done in North Carolina dentistry, I assure you I shall try to equip myself with pride and pleasure. It is not easy for any man or any group of men to be successful officers of any organization without the wholehearted, sincere, and enthusiastic support of every man and every woman who enlists his best interests in the organization that we call the North Carolina Dental Society.

I know my limitations. I know my shortcomings. I shall eternally work to improve upon my shortcomings and to not make as flagrantly plain my many failures.

I not only solicit, but I expect (and without it I know we can't have a good year in the North Carolina Dental Society) the support that you ladies and gentlemen have always given to every officer, and I feel sure you will give to our group. If there is any criticism of the North Carolina Dental Society for the next twelve months, personally I shall be happy to take the full blame for it; for all of those fine consummations that we'd dream and hope and pray for, as President Sanders said, this year, you should have the credit and you will.

At our District Officers' conference yesterday, we went over the details of many plans and programs and ideas for the coming year. We propose and plan to have, as we have always had in North Carolina, a midsummer session. At that session, we will lay final plans for our district meetings in the fall for a more definite consummation of those things that have been uppermost in our minds and hearts during the past twelve months on our dental college being finally started and whatever else needs to be attended to by that time.

We will try to keep at a minimum all of the meetings that we call you men to. It has been unusually necessary in the past twelve months to have a large number of meetings. I do hope, for all your sakes, we won't have to have so many in the next twelve months. And, President Sanders has told us during this meeting, and as Secretary-Treasurer Hunt has told us, when we call on you to do something or we write you a letter, don't wait a week to answer it because several hundred people will be hanging on your answer. Put yourselves out to do those things that we call upon you to do as quickly as you can.

In President Sanders' address, there were a number of new committees to be appointed. I asked the officers of the District Societies to give me the names of all of their men in their districts who wanted to serve on specific committee assignments, and I have eleven such. I have had personal requests from nine men in the State Society, asking that, if it is possible, to please leave them on committees. Premeditatedly, I have taken the liberty of asking certain other committee chairmen and committees in to serve.

I want to tell you I have, in the past twelve months, found out that this honor to which you ladies and gentlemen have given me the privilege of succeeding and serving, is no little job.

And so, as we come to this final session of probably the most successful meeting we have ever had in North Carolina in many ways, we come, I feel, a more united, a more harmonious, a more definitely settled organization as to what we are doing, where we are going, and how we are going to get there. I hope that during the year, if you have any idea, any suggestion, be it critical or otherwise, that you will tell us about it and give us a chance to correct what needs to be corrected, to improve upon what might be done better, and to do all of those things that you would do if you were in our position as your elected officers of the North Carolina Dental Society.

It is not our Society. (I speak of the officers now) — it is your Society. We were elected by you with definition as to what our duties are, and all of us will try to carry that out. And so, as these suggestions in your district and your city and our profession at large come to you, please avail the officers so instructed to do those things that you feel should be done. If they can't be done, we will tell you why we couldn't do them.

I want to thank you again for your splendid attendance in Asheville, for all of the nice courtesies that each of the five districts have given to us on our visits, for the very splendid support you have given to us at our district officers conference this year and for all of those things I am sure each and every one of you will do to help this year's administration do the things that you want done.

It has been customary in the past for all of the committee assignments to be given out. They won't be given out today, except the one man who is to be appointed to the Executive Committee, and it is my happy privilege to appoint Dr. S. P. Gay of Greensboro to that office for the longest term that it is possible for him to be appointed according to our constitution. Dr. A. C. Current, who is the 1950 man, will become the Chairman of that Committee. That's the only appointment we will make at this time. Dr. Fred Hunt, our Secretary-Treasurer, will notify you by mail of the other appointments as quickly as he can and as we can get them done for the benefit of the Society.

May I ask Dr. A. C. Current and Dr. Sam Towler bring forward our Vice President, Dr. Branham.

Dr. Branham, it is a rare pleasure for me, as the new President of the North Carolina Dental Society, to welcome you into this official family as Vice President of the North Carolina Dental Society.

Somebody told me when I came to North Carolina that the Vice President was a man true, tried, and quite an elderly person. I am so glad that as we start this new administration we immediately start to break precedents. To select a man who is true and tried, yes. If there is anybody who has worked any harder for the North Carolina Dental Society since I have been in this State than this boy right here, who has given us the money for us, and who has given to all of us the benefit of our scientific exhibits, I don't know who it is.

It will be my pride and pleasure to work with you during the year as we visit and do all of those things that these fine ladies and gentlemen have selected us to do. God speed you on your task.

VICE PRESIDENT BRANHAM: President Walter, ladies and gentlemen: You can see I have very little speaking to do this year because Walter will do all my speaking.

The only thing is I hope that Walter maintains his good health and is able to serve you this year. (Applause.)

PRESIDENT McFALL: We re-elected for the third time our Secretary and Treasurer of the North Carolina Dental Society Dr. R. Fred Hunt. There is an awful lot of work in that job. I am so glad that President Sanders, in his President's address, mentioned the matter of Executive Secretary, and, by next year we are going to have a lot of information to give to you as to whether or not it's going to be feasible and possible to have an Executive Secretary.

This thing has cost Fred Hunt not hundreds but thousands of dollars out of his pocket. Unless Mrs. Hunt had a big heart, why she wouldn't have lived with Fred. That is the reason I want to stop at this moment to pay our respects and our thanks to you lovely ladies who do so much to help the North Carolina Dental Society to be a success. If your husband tells you 365 times out of the year, "I got to be going to a dental society meeting," that's where he is; and to those of us in this official family this year if we tell our wives 732 times we are going to dental meetings, there's where we are. We do thank you for your part in the success of our association.

I am not going to have anybody come up to escort Fred back into his position because, two full years, he has given us a splendid account of himself, and I know with the experience of two years, the heartaches of two years, and the system that he has worked out for two years that has been pleasing and satisfactory, that his third year will be the best the North Carolina Dental Society has ever had. So, as I give him the right hand of fellowship, bless your heart, I thank God for you, boy.

Is there a last word that you might have for the membership about this group that you are forced to work with for the next twelve months?

SECRETARY HUNT: Mr. President, President-Elect, and Vice President, ladies and gentlemen: The hour is late, and I am not going to take up any more of your time except to say I am deeply grateful to you for the opportunity to be of service during the following year and I hope and pray the next meeting will be the biggest and best we ever had. (Applause.)

PRESIDENT McFALL: I have purposely saved for the last the President-Elect of the North Carolina Dental Society, Amos and I were in school together over thirty years ago. He was a class ahead of me; he has always been a class ahead of me. He selected as his specialized life work orthodontics. He is highly regarded in that specialty not only in the South but all over the United States. He has served with honor and distinction everywhere he has ever been in dentistry.

He comes to this newly elected office without opposition and ably qualified to do those things expected of the President and the President-Elect of our splendid organization. I am so glad that Amos was elected last night without opposition. It is a distinct compliment to the man, and I am sure that if there have been any heartaches in anybody's heart for the last twelve months that they have been thrown out the window in the Sand Hills section of North Carolina.

It is my happy privilege to ask that Homer Guion and Don Kiser escort the President-Elect of the North Carolina Dental Society to this rostrum.

Amos, it is a real joy to welcome you up here. It was just as destined you should be here as anything in the world. I put my arms around you last year and asked you to come up with me. I voted for you in Asheville as you well know, and so, for a second time, it has been my pleasure to vote for you for President-Elect of the North Carolina Dental Society. I never have felt that my vote counted for so much as this minute, and so I welcome you into this official family to do those things that we all realize need to be done.

Somebody has said that a successful person is a person who has big, fine, handsome, strong fellows around to do the job that needs to be done. My mother told me in South Carolina years ago that I didn't have much sense, and that the only way I'd ever get through the world was to grin like a jackass and be nice to the folks. And so, this year, with fellows like Branham and Fred Hunt and Amos Bumgardner to surround me and point out the things that I am doing wrong, I know we will have a good year.

God bless your soul, I am looking for more help from you than anybody out of the trio. Thank you, Amos.

PRESIDENT-ELECT BUMGARDNER: Thank you, Walter.

There come times in a man's life when there is no way to express how he feels. Walter has always been able to express himself and use the flow of language that many of us would love to use. We could not have that vocabulary, but I promised to Walter McFall, to the men who serve North Carolina and to you, my fellow members and this great host of people, the very best that I have. Thank you. (Applause.)

PRESIDENT McFALL: It is now my happy privilege to ask that Dr. O. C. Barker and Dr. Fitzgerald escort to the rostrum Dr. A. C. Current.

Eddie, it is a real joy to contemplate having you on our State Board of Dental Examiners again. I believe you said last night you have served seven years. I want to tell you that one of the fine things that came to my attention in the past year as I ran around over the state with Atwood, Sandy, Fred, and you, as Chairman of the Public Relations, that everywhere we went, when somebody mentioned the sixth man on the State Board of Examiners, who it would be, I want you to know sincerely I heard no other name in North Carolina but yours. That is a lovely compliment to you for many reasons. We have five districts in the state, so every district is entitled to two men, not one, but two men, and so we are proud in the First District that we have Walter Clark and Eddie Current as this year's, as the members of the State Board of Dental Examiners from the First District.

Eddie, you have already merited and deserved this honor, and I know you will continue to equip yourself not only with pride, but you will remain the constant inspiration to young men that you have been to your own two boys.

Will Dr. John Pharr and Dr. Sanders escort Dr. Frank Alford to the rostrum?

Frank, it is a joy to have you back up here. You have done such a magnificent job as Secretary of the Board.

I think about the years that I dreamed of coming to the place where I could buy my burial lot. That is what I have done in North Carolina. I started practicing in South Carolina and moved to Georgia when they got on to me at home and I went to Tennessee when I played out in Georgia. But you folks in North Carolina are not going to run me out. I have got a burial ground here.

I came to the Second District when you were President and so, all through the next years, you have kind of been Mr. North Carolina Dentistry. You have served in every office, you have done it with such success and then you have been elected to the State Board of Dental Examiners; not only that, but you have become Secretary, which typifies the highest and best on the State Board of Dental Examiners. We are delighted and thrilled to have you return for this second term. We know that if you were good in your first term, you will be better in your second and will add dignity and graciousness and recognition to your first term. (Applause.)

Frank, this whole experience is new to me. If there is anything you'd like to say, we'll be glad to have a speech from you.

DR. FRANK O. ALFORD: I said what I have to—I would appreciate your sympathy.

DR. A. C. CURRENT: Fellows, I don't think it is necessary for me to say anything, but somebody last night had said, "How did you do it? How did you stage a comeback?" I said, "I didn't. You did it for me. You put me there and I am going to depend on you to keep me moving along." (Applause.)

PRESIDENT McFALL: Wilbert Jackson is not here at the present time. He has lived such a life that in his absence he is present. That goes now and it always will go for Wilbert. So, we won't install Wilbert in absentia, but if you don't think he is in the American Dental Association House of Delegates, come and see.

I will ask the five alternates, if they are in the room, to please come forward for installation and recognition.

Past President Cleon, my classmate, Frank Kirk, my good friend Don Kiser, and Fred Hunt: You have stood for many of us for a long time. I am sure that you gentlemen know the responsibility of any man elected in North Carolina to represent our fine membership at our national council.

You know the background of the work, you know dentistry, you know the North Carolina dentistry, and I am sure that as you go to San Francisco that you will not only be on call, but that you will do those many things to inform yourself so, as you come to your respective districts, that you can bring from this fine inspiration of our own Clyde Minges' meeting in San Francisco those many things that will be helpful to our local groups and to our state level.

We appreciate the fine service we know you will always give when you represent North Carolina dentistry. Thank you, gentlemen.

Somebody has just called my attention to the fact that we should set the date of the next meeting for 1950, our Ninety-Fourth Annual Meeting. The date will be set as quickly as possible. Dr. Hunt has an official invitation from the Carolina Hotel. Dr. Moser made the motion that was unanimously accepted that we return to Pinehurst and the Carolina Hotel. Just as soon as information can be given the membership we want to do it.

Ladies and gentlemen, let me say this in conclusion: Some of you have been dissatisfied with the rooms reservations, conditions, and with certain accommodations and with certain human frailties that will always come out wherever and whenever we meet. If you have any suggestions that you feel will help Mr. Fitzgibbons, the manager of the hotel, and your Dental Society to do a better job on these room reservations according to our best accommodations in the State of North Carolina, you give them to us, but don't get mad either with the Carolina or with your officers or with anybody else when things don't work out because those of you who have had experience putting on a big state meeting will find that it is filled more with heartaches than it is with joys, and the joys are always in retrospect. So, those of you who have had an unfortunate incident this year in your handling, just bear with us a little bit longer and we will try hard next year to do things the way the majority wants them and the way Mr. Fitzgibbons has to do them for the 275 rooms he has to put out.

Is there any further business to come before the North Carolina Dental Society? (There was no response.)

If there is no further business, I should like to take this last opportunity to welcome and bid goodbye to each and every one of you who have come to this Ninety-Third Annual Meeting.

In the group at this time we have another gracious lady that I have loved and adored for thirty years of my life, Mrs. DeLos Hill who has been known affectionately as Mother Hill. I was flattered this morning as several fellows said to me, "Where is your mother?" I have a precious mother in South Carolina that I am going to see, but I should like Mother Hill to have been my mother, too. She lost her boy who would have been 46 years old this year. The DeLos Hill Junior Memorial Children's Clinic at Emory University is the memorial to her boy. It was my pride and pleasure to be its first director.

I know Mother Hill has enjoyed this Ninety-Third Meeting. Sandy is one of her boys, so she wanted to hear the report on his President's address.

I am sure that all of you ladies and gentlemen present join me in welcoming Mother Hill to this meeting and in bidding her God speed for her useful fine life to young men all over the southland. Mother Hill, will you please stand. (Applause.)

MRS. DeLOS HILL: I want to thank you, Mr. President McFall. As you said, Sandy is one of my boys and I came especially to see Sandy and McFall preside over this meeting. I have enjoyed every minute. Thank you, gentlemen, for allowing me the privilege to be here. It has been a great inspiration.

PRESIDENT McFALL: Thank you, Mother Hill.

If there is no further business, I shall entertain a motion for adjournment.

DR. PRIDGEN: I move we adjourn.

DR. HOWARD BRANCH: I second the motion.

PRESIDENT McFALL: Gentlemen, I thank you from the bottom of my heart for the privileges and the opportunities of what I am sure will be the fullest and the happiest year in my life.

I declare the Ninety-Third Annual Meeting of the North Carolina Dental Society adjourned.

(The meeting adjourned at 11:10 A. M. o'clock.)

REPORTS HANDED TO SECRETARY THE ETHICS COMMITTEE

Some question has arisen as to the ethics of members of the North Carolina Dental Society permitting their names to be published in the roster of the Academy-International of Dentistry.

Quite a few prominent members of our Society appear in this listing, however, several men questioned stated that they had paid no dues and did not know how or when they became members. It is not known whether the group has two classes of members, paying and non-paying or whether some names are included to induce other men to become dues paying members. A fuller investigation should be made as to whether the advertised good points of this organization offset certain features not so desirable.

The Ethics Committee feels that since the State Board of Examiners is an agency of the State and not our Society, the duties of the Ethics Committee should be amplified or a Judicial Council created to handle and discipline members who are guilty of violations of our State Dental Practice Act when such matters can be so handled and thus avoid official action by the State. If this meets the approval of the Society, the committee should be authorized to present a definite proposition along this line at the next State Meeting.—Burke W. Fox, Chairman.

THE CLINIC BOARD OF CENSORS

After careful study and to the best of our ability, your Clinic Board of Censors came to the following conclusions. That the following five were selected as outstanding or unusual: Dr. John Pharr, Dr. A. C. Current, Dr. W. J. McDaniel, Dr. L. T. Russell and Dr. Grady Ross. Alternates: Dr. M. M. Lilley, Dr. Vaden Kendricks, Dr. A. S. Bumgardner, Dr. L. G. Coble and Dr. R. L. Horton.—W. W. Rankin, Chairman.

MEMBERS ATTENDING PINEHURST MEETING

MAY, 1949

FIRST DISTRICT

Abernethy, A. D.
Abernethy, David
Abernethy, G. Shuford
Baker, L. P.
Baker, R. N.
Barker, O. C.
Biggerstaff, E. N.
Bottoms, A. W.
Boyles, A. V.
Boyles, Jack
Breeland, W. H.
Brown, C. F.
Clark, Alexander
Clark, Walter E.
Clayton, W. S.
Cline, A. P.
Coffey, Ralph D.
Cook, Dennis
Connell, E. W.
Current, A. C.
Davenport, Wm.
Davis, Frank W.
Dickson, B. A.
Diercks, Clinton C.
Dixon, H. C.
Dualet, David W.
Edwards, Ellis L.
Ezzell, L. L.
Falls, Ralph L.
Fritz, C. D.
Fritz, John R.
Froneberger, H. D.
Gerdes, C. Don
Glenn, Edmond T.
Goodwin, C. J.
Graham, R. H.
Grant, Ben P.
Hair, J. E.
Harrellson, Harry C.
Hedrick, Paul E.
Howes, Ralph R.
Lackey, A. A.
Marshburn, James A.
Matheson, Wm. M.
Moore, O. L.

Moore Raymond L.
Moser, J. E.
Moser, S. E.
McCall, C. S.
McDaniel, Welham J.
McFall, Walter T.
McGuire, Harold
McGuire, Patsy
Parker, C. A.
Parker, W. H.
Peeler, C. M.
Plaster, H. E.
Pless, C. A.
Poovey, Auburn L.
Port, Forest C.
Pruett, J. E.
Raymer, J. L.
Reece, J. F.
Rhyne, Howard S.
Rich, Frank C.
Roberts, Pearce
Rollins, L. C.
Russell, Lit., Jr.
Sain, Henry T.
Sams, R. B.
Self, Fred
Self, I. R.
Self, Ruffin
Steeleman, S. H.
Taylor, P. R.
Truluck, M. H.
Turbyfill, W. J.
Tuttle, David M.
Weaver, R. C.
Wells, Carey T., Jr.
Wells, Carey T.
Whisnant, C. M.
Wehunt, E. S.
Woody, Lyda W., Jr.
Woody, L. W., Sr.
Woody, M. E., Jr.
Yates, Paul P.
Yelton, John L.
Yelton, W.

SECOND DISTRICT

Alexander, W. E.	Harrell, R. B.
Alexander, George S.	Hartness, J. F.
Alford, F. O.	Hesseman, Gary
Anscombe, H. L.	Heinz, J. Wm.
Ashby, John L.	Helsabeck, C. Robert
Arthur, L. D.	Hodgin, O. R.
Austin, Edward U.	Hoffman, Milo J.
Barker, L. L.	Holcombs, D. W.
Barkley, Carl A.	Holland, James M.
Beavers, David L.	Holliday, R. H.
Beavers, F. C.	Holshouser, L. C.
Bell, Tom	Houck, H. H.
Belvin, D. L.	Hull, P. C.
Bingham, James P., Jr.	Ingram, W. A.
Bingham, J. P., Sr.	Irvin, John R.
Black, A. R.	Jackson, D. A.
Black, V. A.	Jarrett, Clyde H., Jr.
Blackburn, Chas. A.	Jarrett Ralph
Blair, F. L.	Joyner, O. L.
Booe, Isaac A.	Keel, Harry L.
Bumgardner, A. S.	Keiger, C. C.
Bumgardner, L. F.	Kendrick, Vaiden
Byerly, R. T.	Kendrick, Z. Vance
Carter, G. K.	Kirby, O. B.
Cash, Allen H.	Kirk, Frank W.
Chamberlain, A. C., Jr.	Kiser, J. Donald
Chamberlain, V. F.	Kistler, A. R.
Click, Eugene G.	Lazanby, G. A., Jr.
Conduff, Duke	Lazanby, G. A., Sr.
Cox, Vernon	Lentz, B. P.
Crawford, James R.	Libby, R. H.
Crews, R. W.	Little, James E.
Current, W. C.	Long, Robert
DeHart, V. L.	Master, Guy M.
Duncan, S. C.	Master, Robert E.
Ellington, R. H.	Melvin, R. Philip
Ezzell, J. W.	Montgomery, D. O.
Farthing, J. C.	Moorefield, Paul
Fox, Burke W.	Morris, Donald W.
Fox, M. O.	Morris, Ernest C.
Fox, Noah D.	Motley, Elliot
Freedland, J. B.	McClung, John A.
Furr, Curtis	Nicholson, J. H.
Gibbs, J. W.	Nisbet, T. G.
Grady, L. V.	Oliver, Otis
Graham, James E., Jr.	Owen, Olin W.
Guion, J. H.	Parks, C. M.
Hamer, T. N.	Patterson, R. M.
Harrell, James A.	Peeler, L. B.

Pegg, Fred N.	Taylor, L. A.
Petree, R. E.	Taylor, Lois E.
Pharr, John R.	Taylor, W. C.
Reece, J. P.	Thompson, Harold W.
Reeves, Horace P., Jr.	Thompson, Lee R.
Rehm, J. G.	Tomlinson, F. N.
Reid, Curtis S.	Tuttle, R. D.
Ridenhour, Charles E.	Walker, Bernard N.
Rogers, Tom	Walker, Frank H.
Ross, Grady	Wall, L. E.
Ross, Haywood	Waller, D. T.
Sapp, H. B.	Watkins, J. C.
Schmucker, R.	Waynick, Geo. E.
Secrest, W. A.	Webster, Ben H.
Sherrod, W. B.	Weeks, W. P.
Shoaf, Reynolds	Wharton, R. G.
Smith, Amos H.	Wheeler, C. D.
Sowers, Wade	White, Thomas L.
Spoon, Riley E.	Williams, John R.
Stadt, Zachary M.	Williamson, T. P.
Stephens, John A.	Yokeley, G. W.
Stone, Fleming H.	Young, D. C., Jr.
Strawn, S. H.	Zimmerman, John W., Jr.
Stroup, Paul A., Jr.	Zimmerman, Stokes

THIRD DISTRICT

Adams, Claude A., Jr.	Ellerbe, J. H.
Adams, Ray G.	Erwin, D. H.
Anderson, G. N.	Evans, M. R.
Atwater, Frank G.	Farrell, William I.
Atwood, T. W.	Gale, John I.
Betts, J. S.	Gay, S. P.
Bowling, Howard	Getsinger, Dunman M.
Bradsher, J. D.	Gilliam, Frank E.
Burns, William T.	Graham, C. A.
Butler, Luther	Graham, C. A., Jr.
Caddell, Fred S.	Griffin, W. K.
Caldwell, Clell S.	Hart, S. T.
Carr, Daniel T.	Hester, John N.
Carr, H. C.	Hinson, J. Y.
Caudle, J. N.	Hinton, W. R., Jr.
Cherry, M. L.	Holt, J. E.
Coble, L. G.	Horton, Charles W.
Crank, J. C.	Hughes, Jack H.
Craver, A. W.	Hunsucker, H. M.
Durham, B. J.	Hussey, Tracy E.
Edwards, L. M.	Johnson, Numa C.
Edwards, L. M., Jr.	Karesh, Harry A.
Edwards, W. J.	Kirkland, George T., Jr.

Kirkman, G. E.	Pringle, Ross
Kistler, C. D.	Ross, Norman F.
Lasley, Jesse T.	Shaffer, S. W.
Lauten, J. J.	Shamburger, B. B.
Lockhart, D. K.	Sheffield, Neal
Long, Herbert S.	Sikes, T. E.
Long, Robert E.	Smith, R. L.
Malone, T. J.	Stanford, Alexander R.
Medlin, E. M.	Stone, C. N.
Menius, John W., Jr.	Stonestreet, F. M.
Milles, Charles I.	Stubbs, J. M.
Monk, H. L., Jr.	Suggs, J. R.
Moore, H. W.	Teague, C. H.
Moore, J. S.	Teague, E. R.
Murray, Henry N.	Thomas, J. T.
McCall, S. H.	Turner, R. S.
McCrackew, J. T.	Underwood, J. T.
McDuffie, A. A.	Warlick, R. Bruce
McIntosh, J. A.	Wheeler, Chas. M.
Neal, W. E.	Wheless, John R.
Newman, J. B.	Whittington, P. B., Jr.
Newton, M. E.	Wilkins, R. A.
Overcash, Robert F.	Williamson, B. W.
Page, L. G.	Williamson, J. W.
Patterson, H. M.	Willis, Guy R.
Poindexter, Charles C.	Woody, Spencer
Pratt, Charles	Zimmerman, Lawrence H.
Presnell, O. L.	Zimmerman, L. R.
Pressly, W. A.	Zimmerman, T. R.

FOURTH DISTRICT

Abernethy, C. E.	Collins, Thomas G.
Allen, Howard L.	Coltrane, Jesse F.
Bain, Clarence D.	Cotter, P. E.
Barker, Arthur D.	Dennings, John N.
Bell, Victor E.	Eagles, R. L.
Blackman, R. M.	Edwards, Jim
Blair, Molt	Edwards, J. R.
Bobbitt, S. L.	Edward, John R., Jr.
Bowden, H. B.	Finch, R. E.
Branch, E. A.	Finch, S. J.
Branch, W. Howard	Finch, Walter H.
Branham, J. Walton	Fitzgerald, Paul, Jr.
Bryan, Chas. H.	Fleming, A. H.
Bryan, J. K.	Fleming, J. Martin
Byrd, Robert	Gardner, J. M.
Byrd, W. M.	Hair, J. S.
Chamblee, H. Royster	Hair, L. G.
Clements, Ralph D.	Hale, G. Fred

Hale, J. P.
 Hamilton, R. P.
 Harrell, Paul T.
 Herring, L. D.
 Hooper, G. L.
 Horton, R. Leo
 Horton, S. Robt.
 Hunt, Jack
 Hunt, Joseph T.
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District Number

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Volume 33

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Dr. Andrew David Abernethy, Sr.

DR. ANDREW DAVID ABERNETHY, SR.

Dr. Abernethy or "Pappy" as he is called by almost everyone was born on a farm in the Baker's Mountain Section of Catawba County. Deciding very early that he didn't like farming he decided to study dentistry. After attending Lenoir Rhyne College, he was graduated from Atlanta Southern Dental College, and was president of his class in 1909.

After some trials of temporary nature he finally settled down to practice in Granite Falls, North Carolina. He married Marie Marshall Hendley, and there were three children. David Abernethy, Jr., who followed in his father's foot-steps, J. W. Abernethy, a physician, and a daughter Mrs. Albert Fortune.

In 1942, on Dr. Abernethy, Jr.'s entrance into the Army he took over his practice, and did a very good job during the hectic, busy war years.

Among the places he filled are: Past President of the Rotary Club, Past President of the First District Dental Society, he organized, and was first president of the Tri-County Dental Society. He is now President of the Granite Building and Loan Association, and has been a charter member for thirty years, and the owner of the Granite Insurance Agency. He served on the Caldwell County Board of Education 10 years, last year as Chairman. He is Vice President of Caldwell Insurance Association.

"Pappy" has seen dentistry grow from the days of the foot engine to its present place of prominence as a health service.

After a busy life he returned—as so often happens—back to the farm for his avocation and hobby. He is particularly interested in forestry and conservation and practices only part time.



THE BULLETIN

of

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

EDITOR

L. Franklin Bumgardner,
D.D.S.

DISTRICT EDITORS

Pearce Roberts, D.D.S.

W. F. Yelton, D.D.S.

M. R. Evans, D.D.S.

Earnest Pearson, Jr., D.D.S.

F. D. Bell, D.D.S.



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PRESIDENT

Walter T. McFall, D.D.S.
Asheville, N. C.

SECRETARY

R. Fred Hunt, D.D.S.
Rocky Mount, N. C.

VOLUME 33

NUMBER 2

THE MEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY

Dr. Walter T. McFall, President

Plans are materializing for the biggest, best, and most helpful District Dental Society Meetings. The officers, committees, and those responsible have worked untiringly for the progressive improvement of all of us. These district meetings offer a short, intensive but thoroughly practical post graduate course to the interested, busy general practitioner. Be sure to plan now to come early and stay late at your and as many of the other district dental meetings as you possibly can won't you?

All of the many committees of The N. C. Dental Society are busy on their respective assignments. The Dental College Advisory Committee, The Constitution & By-Laws Committee, The Extension Course Committee, The Prosthetic Dental Service Committee, and all those committees having to do with our local and general arrangements for our 94th annual meeting at Pinehurst, N. C. on May 18, 19, 20, 1950 are doing grand service.

The mid-summer meeting held at Hotel King Cotton in Greensboro in July brought together officers, Executive Committee and many others as we discussed and planned for another forward year in N. C. Dentistry.

We want every dentist in our state to be actively and enthusiastically aligned with our district and state dental society. We need the support, well-informed interested, and dynamic cooperation of every dentist. Our American Dental Association Meeting will be held in San Francisco, October 17-20th. Our own Dr. Clyde E. Minges will conduct and direct this meeting; matters of personal and professional and economic interest to every dentist will be discussed then and there. Try to go to The ADA in San Francisco.

The officers and committees of The N. C. Dental Society are doing their most and best to serve your interests. We welcome your suggestion, counsel and advice. The officers hope to see every member at his District Dental Society Meetings this Fall. The programs, fellowship, and the many matters of mutual and profitable helpfulness make it a "must" for all of us. Be sure to bring every dentist in your city and section, we need them all.

As each of us serves in his office and daily life, well may we all remember we answer what the public and allied agencies think of dentists and dentistry. May we all be our best selves at all times.

BENEFITS UNLIMITED

Amos S. Bumgardner, D. D. S, Director of Districts

As Director of Districts for the year 1949-50, I salute you! Each year it seems our districts vie with their previous program of the preceeding year, moving into higher and better sessions. This year is no exception to the rule. From the mountains to the sea we have echoes of bigger and better district meetings. Many hours of sacrifice and a complete dedication of spirit have gone into them by the groups of different officers upon whose shoulders the responsibilities rests.

Being a member of our state organization is the finest investment and gives more in return, until all who has a license to practice dentistry in this state should belong.

Many of these benefactions, such as disability health insurance was sponsored by our society. Today we have a disability policy that is available to all at such a modest premium, with liberal benefit features that the majority of our membership today belong. It's the best security that can be obtained.

The mal-Practice insurance policy for \$15.00 you are protected for three hundred sixty five days in the year against accidents or those who might destroy you in some phase of court libel action until it is a pleasant security that each member enjoys.

Protection against the man who would put blatant advertising across billboards over the state. Your society fought for and saw to it that this was eliminated from the state

as a whole. Many men now, and some deceased, gave years of time and talent to this phase of our mutual need.

Your society has a man on the North Carolina State Board of Health to represent the dental profession.

Six members of our state society examine each applicant who has practiced or is to practice dentistry in the state of North Carolina. What would this profession do if it were not for this great united effort that has lent such a influence until we would be glad to belong for this one great feature. Each year many days of sacrifice and toil that go into these examinations that money alone could not buy.

The legislative Committee has watched every bill which has been presented before our legislature for many years. Had access to all representatives and thus kept off the law books unfavorable legislation that might be of harm to its members.

Has sponsored legislation that would be for the benefit of our society as a whole. Its membership is so protected.

Through its influence and applications and its representation it is now sponsoring a dental college for our state. The work of its members in this field is excellent. The standing and policy of our profession has much to do in this realm at the greater University Medical Center at Chapel Hill.

Annually thousands upon thousands of dollars are poured from the

combined resources of its members to bring to North Carolina the finest scientific and helpful programs that are available in America. Surely you know this organization has never sold a member short.

The above are only a few of the many benefactions, unlimited other opportunities, fellowship, comrade-

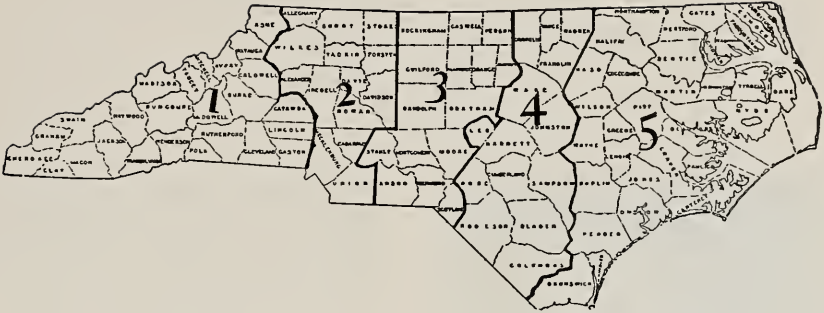
ship, and fun. Every service that's needed for the protection of its members. No commissions. No salaries, "service above self."

Get that non-member, invite him, interest him, go bring him into the membership for we need him and he surely needs the fatherly and the protecting hand of this noble organization.

VETERANS

Last year each District organized a Veteran's group that have functioned well, and in order to be the most service a breakfast meeting of each District is being planned this year. Announcement in each district hand program will be made as to time. All Veterans please attend this breakfast.

DISTRICT SOCIETIES



FIRST DISTRICT

OFFICERS

1948-49

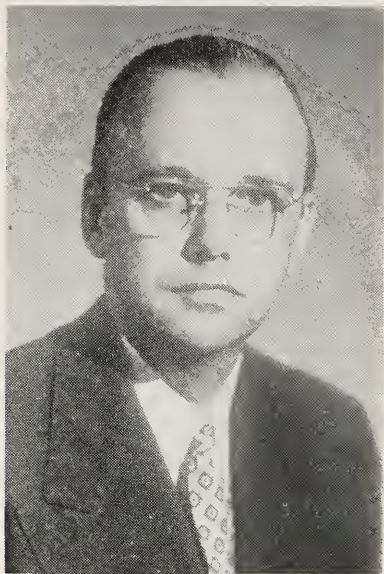
W. D. Yelton.....*President*
 C. W. McCall.....*Vice-President*
 S. H. Steelman.....*President-Elect*
 Alice Patsy McGuire.....*Secretary-Treasurer*
 Pearce Roberts.....*District Editor*

HOUSE OF DELEGATES

W. D. Yelton
 S. H. Steelman
 Patsy McGuire
 W. J. Turbyfill
 A. W. Bottom

LET'S GO TO HENDERSONVILLE

W. D. Yelton, D. D. S., President



Dr. Yelton

We are happy to report that a very fine program has been arranged for our annual meeting in Hendersonville. Program Chairman Steelman and his committee have given much time and a lot of thought in making plans for this meeting. We believe that the best Clinicians ever to appear before our district have consented to be with us.

The Local Arrangements Committee consisting of all the dentists in the Hendersonville area have done a magnificent job in arranging a golf tournament for Sunday afternoon, entertainment for the wives on Monday, and a banquet plus all the

trimmings for Monday night. Much planning has gone into the making of this program for your comfort, relaxation, and entertainment, as well as a good Clinical program for information and education.

For several years our program has been arranged with no thought in mind concerning the assistants in our offices. The Monday afternoon session this year will be of particular interest to the assistants and we want just as many of them to be present as possible.

Dentistry, along with the entire health profession is on trial before the American people today. The spectre of "Socialized Medicine," is raising its ugly head higher than it ever has in the past. Many of our people are receiving inadequate medical and dental care due to a shortage of professional personnel. It is our job in this trial to present a plan and to present it so forcibly that our people might accept it and not be led astray by those in our land who would use our profession as a "political pawn." Only by cooperation and collaboration can we hope to overcome the forces lined up against our present system of health care.

Come on to Hendersonville and let's make this the best meeting and the largest attendance we have ever had. It will be a shame if a fine program such as has been arranged is allowed to go to waste due to poor attendance. You owe it to yourself; you owe it to your profession to attend this meeting.

PROGRAM
FIRST DISTRICT DENTAL SOCIETY
Skyland Hotel
Hendersonville, N. C.

SUNDAY, OCTOBER 2, 1949

- 1:00 P.M. Golf Tournament
- 8:00 P.M. "Progress of the Dental School," A. C. Current,
D.D.S., Gastonia
- 8:30 P.M. "Socialized Medicine," Dent Summers, A.B., M.D.,
F.A.C.S., Hickory
- 9:30 P. M. Movie

MONDAY, OCTOBER 3, 1949

- 8:00 A.M. Veteran's Breakfast
- 9:00 A.M. Registration
- 9:30 A.M. Meeting called to order by the President, W. D. Yelton,
D.D.S., Hickory
- Invocation, Rev. D. H. Daniels, Pastor First Baptist
Church, Hendersonville
- Address of welcome, Honorable A. V. Edwards,
Mayor of Hendersonville
- Response to Address of Welcome, Dean H. Crawford,
D.D.S., Asheville
- President's Address, W. D. Yelton, D.D.S., Hickory
- Recognition of Officers
- Minutes of Last Meeting
- Treasurer's Report
- 10:30 A.M. "Workings of Amalgam," Claude C. Cannon, D.D.S.,
Fayette, Ala.
- 12:00 Noon Luncheon
- 2:00 P.M. "Office Management and Professional Ethics,"
Frank M. Mathews, D.D.S., Montgomery, Ala.

- 3:00 P.M. TABLE CLINICS
 "Amalgam Restorations," Charles H. Hare, D.D.S.,
 Rutherfordton
 "Designing Partial Dentures," J. E. Derby, D.D.S.,
 Tryon
 "Three Quarter Crown Impression Technique," R. R.
 Steinman, D.D.S., Enka
 "Orthodontics for the General Practitioner," Hubert
 Plaster, D.D.S., Edwin Plaster, D.D.S., Shelby
 "Maxillo facial Surgery," colored movie, L. T.
 Russell, Jr., D.D.S., Asheville
- 8:00 P.M. Banquet
 Golf awards
 Election of Officers

TUESDAY, OCTOBER 4, 1949

- 9:00 A.M. Movie
- 10:00 A.M. "Diagnosing and Case Planning," John C. Mathews,
 D.D.S., Montgomery, Ala.
- 11:30 A.M. Business Session
 Report of Committees
 Installation of Officers
 Adjournment

CLAUDE CANNON, D.D.S.

Fayette, Alabama

Graduate of Baltimore College Dental Surgery, 1915; Member of Omicron Kappa Upsilon Fraternity. Served in Dental Corps overseas during World War I. Past president Alabama Dental Association.

Subject will be "Amalgam." The presentation will show certain cavity modifications, amalgamating technic, method of determining the correct degree of amalgamation, matrix adjustments, condensation, etc. The clinic will be practical, with the thought of enabling the operator to get the highest degree of success in the use of amalgam.



Dr. John Mathews

JOHN C. MATHEWS, D.D.S.

Graduated from Emory University (A.S.D.C.) in 1927. Post Graduate work at University of Michigan. Practices Oral Surgery in Montgomery, Ala. Appears on program Tuesday 10:00 A. M. Subject: "Diagnosing and Case Planning."

FRANK M. MATHEWS, D.D.S.

Graduated from Emory University (A.S.D.C.) in 1926. Pre-Dental work at Auburn. In general practice in Montgomery, Ala. Appears on program Monday 2:00 P. M. Subject: "Office Management and Professional Ethics."



Dr. Frank Mathews

NEWS ITEMS

We are expecting all of you good First Districters to be on hand for your meeting October 2, 3, 4, at Hendersonville, Skyland Hotel. A wonderful program is planned and the Hendersonville Boys do not want to be disappointed. Let's all stand behind Walter McFall and make this year the best for the North Carolina Dental Society.

The Blue Ridge Dental Society held its June meeting in Asheville. Dr. Victor Stiffel of Ohio State University was the clinician. The new officers are R. R. Hoffman, President; A. W. Bottoms, Vice-President; W. Foster Hargrove, President-Elect; Allen Lockwood, Secretary-Treasurer.

To our extreme western Carolina boys we extend congratulations and

best wishes, Dr. P. M. Medford for his recent marriage; Dr. Harold McGuire who is now an alderman at Sylvia.

The Southern Academy of Periodontology held its meeting this year at Savannah, Ga. Dr's Sinclair, Carrell, Phillips, Truluck, and Cline were among those attending.

Dr. Carl Weaver who has been having arm trouble for some time is once again back in the swing of practice. He took out enough time to see his attractive daughter married in June.

The Bulletin is full of so many things, news items are scarce. This job I have enjoyed for the past two years, see you in Hendersonville.

—Pearce Roberts, District Editor

SECOND DISTRICT DENTAL SOCIETY

OFFICERS 1948-49

J. D. Kiser	-----	<i>President</i>
W. B. Sherrod	-----	<i>President-Elect</i>
R. W. Crews	-----	<i>Vice-President</i>
J. V. Davis	-----	<i>Secretary-Treasurer</i>
W. F. Yelton	-----	<i>District-Editor</i>

COMMITTEES

EXECUTIVE COMMITTEE

W. A. Ingram, *Chr.*
Wade Sowers
John Ashby

ENTERTAINMENT COMMITTEE

V. B. Kendrick, *Chr.*
T. G. Nisbet
J. B. Freeland

CONSTITUTION AND BY-LAWS

B. W. Fox, *Chr.*
O. W. Owen
J. V. Davis

ETHICS COMMITTEE

J. C. Watkins, *Chr.*
J. G. Rehm
W. C. Taylor

PROGRAM COMMITTEE

Z. V. Kendrick, *Chr.*
J. P. Reece
G. S. Alexander

CLINIC COMMITTEE

J. H. Guion, *Chr.*
G. A. Lazenby
R. E. Spoon

NECROLOGY COMMITTEE

L. F. Bumgardner, *Chr.*
L. D. Arthur
T. L. Blair

HOUSE OF DELEGATES

J. D. Kiser
J. V. Davis
W. A. Ingram
Wade Sowers
John Ashby

DENTAL RELIEF COMMITTEE

A. S. Bumgardner, *Chr.*
J. M. Holland
E. G. Click

LOCAL ARRANGEMENTS COMMITTEE:

D. W. Morris, *Chr.*
J. R. Pharr
E. U. Austin

MEMBERSHIP COMMITTEE

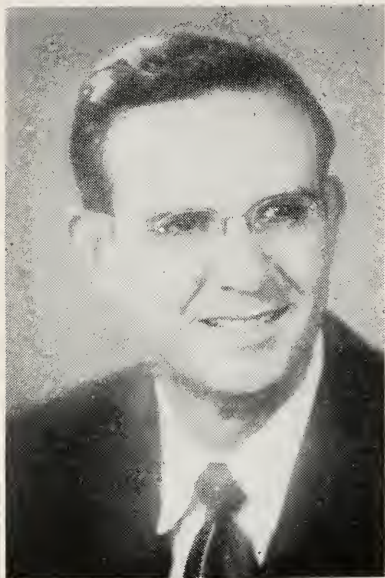
W. B. Sherrod, *Chr.*
H. W. Thompson
T. N. Hamer

NOMINATING COMMITTEE

B. N. Walker, *Chr.*
F. W. Kirk
C. M. Parks

CHARLOTTE HOST CITY AGAIN

J. Donald Kiser, D. D. S., President



Dr. Kiser

The Twenty-Ninth annual meeting of the Second District Dental Society will be held at the Hotel Selwyn, Charlotte, September 19th and 20th.

The Second District is meeting three weeks earlier than usual this year so as not to conflict with the American Dental Association meeting in California.

This was arranged for the convenience of our own members who are planning to attend that A. D. A. meeting and to enable our program committee to avail themselves of the very finest clinicians. You can well see from the following pages that our

committee is upholding the high standard of the Second District and have secured for you speakers and clinicians who are not only outstanding in their field but who are excellent teachers. May I urge every member of the Second District to attend and plan to remain until the meeting is adjourned at noon September 20th.

Dr. Harris was purposely placed on the program for Tuesday morning in order to give us sufficient time to get the most out of his study. Dr. Harris is an outstanding man internationally in the field of Acrylics. Give him your attention and I promise you will learn something new. Bring your questions and avail yourself of his wonderful store of knowledge in solving your problems.

The latest word from our clinic committee is to expect about a dozen good table clinics. We are indeed grateful to our table clinicians and feel that it is a very vital and interesting part of our program.

As you know the battle of our profession against compulsory health insurance still rages. So it behooves every one of us to bind ourselves together into a strong organization in order to more effectively fight for the American way of life.

We extend a cordial invitation to all members of the North Carolina Dental Society and to those of our sister states to come and meet with us. I am sure the Charlotte Dental Society will do all in its power to make you comfortably at home in our city.

PROGRAM

SECOND DISTRICT DENTAL SOCIETY

Selwyn Hotel
Charlotte, North Carolina

MONDAY, SEPTEMBER 19, 1949

- 9:00 A.M. Registration
- 9:30 A.M. Opening Session
Meeting called to order by the president, J. Donald Kiser, D.D.S., Charlotte
Invocation, Dr. Warner L. Hall, Pastor Covenant Presbyterian Church, Second Church Branch
Address of welcome, Honorable Victor Shaw, Mayor of Charlotte
Response to Address of Welcome, Riley E. Spoon, Jr., D.D.S., Winston-Salem
President's Address, J. Donald Kiser, D.D.S., Charlotte
Report of Necrology Committee, L. Franklin Bumgardner, D.D.S., Charlotte
Introduction of Visitors, John R. Pharr, D.D.S., Charlotte
Receiving applications for District and State Societies
- 11:15 A.M. "The Heart and its relation to the dentist and Patient," Max M. Blumberg, M. D.
- 12:30 P.M. Lunch
- 2:00 P.M. "Psychosomatic aspects of the full denture patient's dilemma," Willard T. Hunnicutt, D.D.S.
- 3:00 P.M. "Practice Management under the head of 'Take Home Dentistry'," Steve A. Garrett, D.D.S.
- 4:00 P.M. TABLE CLINICS
"Reasons for Faulty X-Rays."
J. William Heinz, D.D.S., Charlotte
"Removing the Frenum."
Grady L. Ross, D.D.S., Charlotte
"Indications and Utilization of Root Canal Therapy."
J. B. Freedland, D.D.S., Charlotte
"Pain Control."
This to include pre-operative, operative and post-operative pain
M. O. Fox, D.D.S., Elkin

"Essentials in Endodontic Practice."

John R. Pharr, D.D.S., Charldtte

"Acrylic Crowns, Inlays and Fillings, Done in the Mouth in Less Than Thirty Minutes."

R. R. Shoaf, D.D.S., Lexington

"Silver Alloy Fillings."

C. D. Wheeler, D.D.S., Salisbury

"Principles of Photography in Orthodontia."

A. S. Bumgardner, D.D.S., Charlotte

"Correction of Diastema of Anterior Teeth Due to Periodontal Involvements."

Bernard N. Walker, D.D.S., Charlotte

Thos. G. Nisbet, D.D.S., Charlotte

"Technique for Pulpotomy on Deciduous Teeth."

Horace P. Reeves, Jr., D.D.S., Charlotte

"Practical management of chronic marginal gingivitis."

John W. Gibbs, D.D.S., Charlotte

"Treatment of Hyper-Mobility of Tempo-Mandibular Joints."

Vaiden B. Kendrick, D.D.S., Charlotte

"Results of Adult Orthodontia with Reference to Preparation for Restorative Work."

Allan H. Cash, D.D.S., Charlotte

Pulp Treatment for Deciduous Teeth."

James E. Graham, D.D.S., Charlotte

"Educational Aids Offered by the American Dental Association."

Riley E. Spoon, D.D.S., Winston-Salem

"Orthodontic Cases Necessitating Extractions."

Showing Casts, Radiographs and Photographs.

Henry C. Harrellson, D.D.S., Charlotte

"The Art and Value in Using the Gracey Instruments For Thorough Prophylaxis."

L. Franklin Bumgardner, D.D.S., Charlotte

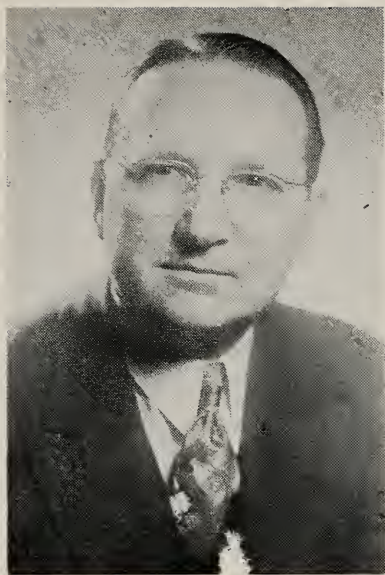
6:30 P.M. Banquet

TUESDAY, SEPTEMBER 20, 1949

9:00 A.M. La Mar W. Harris, D.D.S., Chicago

11:00 A.M. Business Session, Installation of Officers

Adjournment



Dr. H. C. Harris

LA MAR W. HARRIS, D.D.S. Chicago, Illinois

With the exception of three years Navy duty Doctor Harris has been in active practice in Chicago since graduation from Chicago College of Dental Surgery, Dental Department of Loyola University.

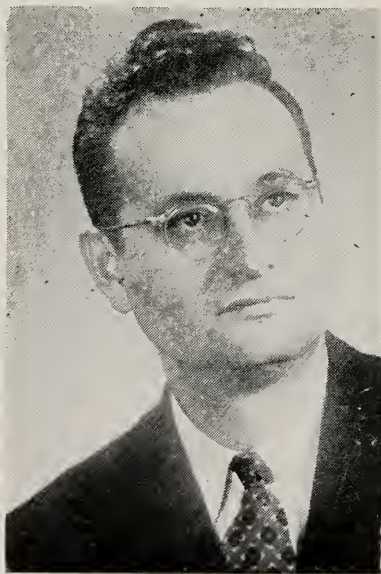
He was stationed at the Naval Dental School in Bethesda, Maryland during the war, where he continued his research on dental plastics, as well as working on hand, eye, and facial replacements of plastic.

He is past president of the Academy of Plastics Research and Northwest Branch of the Chicago Dental Society. He is a member of the American Denture Society, an Associate Fellow of the Academy of Denture Prosthetics, and Honorary member of the Milwaukee Dental Forum, and a member of O. K. U.

MAX M. BLUMBERG, B.S., M.D. Atlanta, Georgia

He received his B. S. and M. D. degrees from Emory University. After finishing his resident training in Boston he entered the service in World War II in September 1940 and was discharged in December 1945 with the rank of Lieutenant Colonel. He served overseas as Chief of the Medical Service of the Thirty-fourth general Hospital. At the present time he is in the private practice of Internal Medicine in Atlanta, Georgia.

He is a member of the faculty of the Emory University School of Medicine, and is a visiting member of the Medical Service of Lawson Veterans Hospital, located near Atlanta.



Dr. Blumberg



Dr. Garrett

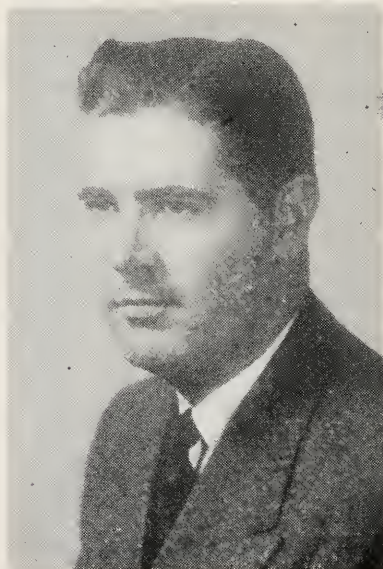
STEVE A. GARRETT, D.D.S.
Atlanta, Georgia

Graduate of Emory University School of Dentistry—with honors. Practiced in Atlanta, Ga. for 28 years. Served in U. S. Army during First World War a buck private. Was never in charge of anything. Member of O. K. U. Member of Pierre Fauchard Academy, Federation Dentaire Internationale, Georgia Baptist Staff, Scottish Rite Hospital Chief. Former Chairman Thomas P. Hinman Mid Winter Clinic, American Society of Children's Dentistry. President-Elect of Georgia Dental Association, Area Consultant of the Veterans Administration. Practice Management under the title of "TAKE HOME DENTISTRY."

WILLARD T. HUNNICUTT, D.D.S.
Atlanta, Georgia

Graduate Emory University School of Dentistry — 1938. Intenred Forsyth Clinic 1938-1939. Diplomat American Board of Pediatrics. F.I.C.D. Member Pierre Fauchard Academy. Member Fed. Dentaire Internationale. O. K. U.

Subject: "Psychosomatic Aspects of The Full Denture Patient's Dilemma."



Dr. Hunnicutt

NEWS ITEMS

Dr. Claude Parks of Winston-Salem has been very ill but has now recovered and returned to the office.

Dr. J. C. Pennington of Thomasville has been in ill health and is retiring from practice.

Dwight Jackson of Winston-Salem, gave a very interesting clinic before the Iredell County Dental Society in Statesville recently. His subject was Orthodontic's. The officers of this society are G. A. Lazenby, Jr., President, J. E. Little, Secretary-Treasurer and J. S. Williams, Vice-President.

Your scribe was recently blessed with a fine boy, William III.

The ladies were entertained at the last meeting of the Forsyth Dental Society. A good time was reported.

Dr. J. Donald Kiser, our District President has been very ill for several weeks with virus pneumonia. At this writing he has returned to his office.

At a recent call meeting of the Charlotte Dental Society, it was decided that a study group enroll for the Telephone Extension Program sponsored by the University of Illinois College of Dentistry.

Elliott and Mrs. Motley of Charlotte announce the arrival of a daughter Melanie Jean on May 8th. Congratulations.

A. J. Galarde was recently married. We wish for him many years of future happiness.

A number of Charlotte men have been fishing this summer in various streams and lakes—no big catches reported, that is, except one, in which G. P. Bryant of Thompsons caught a 3½ lb. Crappie recently in Santee-Cooper. It may be the winner! But Henry Swanzey says his crappie weighed in at 3¾ lbs. Among others who have been having lots of fun and the usual fishermans luck are, Ed Austin, Clyde Jarrett, the Bumgardner's, "Bill" Heinz, John Pharr, Elliott Motley and others.
—William F. Yelton, District Editor.

THIRD DISTRICT DENTAL SOCIETY

OFFICERS 1948-1949

C. H. Teague	.....	<i>President</i>
Norman F. Ross	.....	<i>President-Elect</i>
Geo. F. Kirkland	.....	<i>Vice-President</i>
P. B. Whittington	.....	<i>Secretary-Treasurer</i>
Marvin R. Evans	.....	<i>District-Editor</i>

COMMITTEES

HOUSE OF DELEGATES

P. B. Whittington
Norman F. Ross
S. W. Shaffer
J. N. Caudle
C. H. Teague

ALTERNATES

H. V. Murray
C. I. Miller
Guy Willis
L. G. Page
R. A. Wilkins

EXECUTIVE

J. T. Lasley, *Chairman*
D. T. Carr
Frank E. Gilliam

LEGISLATIVE

C. C. Poindexter, *Chairman*
E. M. Medlin
C. A. Graham, Sr.
L. G. Page

CLINICS

Norman F. Ross, *Chairman*
George A. Kirkland
W. P. Hinson
W. R. Brannock
J. N. Caudle
Frank G. Atwater

NECROLOGY

J. S. Betts, *Chairman*
J. S. Spurgeon
John Swaim
W. R. McKaughan

PROGRAM

Neal Sheffield, *Chairman*
S. P. Gay
F. W. Atwood

CONSTITUTION AND BY-LAWS

H. V. Murray, *Chairman*

R. A. Wilkins
O. L. Presnell
W. W. Walker

MEMBERSHIP

P. B. Whittington, *Chairman*
M. E. Newton
R. S. Turner
S. T. Hart
Walter E. Neal
Jas. L. Henson

ETHICS

T. E. Sikes, *Chairman*
W. A. Pressley
S. W. Shaffer
C. I. Miller

AUDITING

L. M. Daniels, *Chairman*
L. G. Coble
J. H. Hughes

GOLF

Clell S. Caldwell, *Chairman*
Everette R. Teague
C. D. Kisler
W. T. Burns
H. M. Hunsucker

DENTAL SALVAGE

Geo. F. Kirkland, *Chairman*
Carl B. Wolfe
Walter E. Campbell
J. T. Thomas
Fred S. Caddell
Thos. F. Kilkelly

ARRANGEMENTS

E. M. Medlin, *Chairman*
J. W. Menius
S. W. Shaffer
Luther H. Butler
Reid T. Garrett

WELCOME TO MID-PINES

C. H. Teague, D. D. S., President



Dr. Teague

Well, here we go again, boys and girls, back to lovely Mid-Pines, right in the heart of the sand hills, the "peachiest" place in these parts, where they have "Dunes," "Clubs," and what have you—Know what I mean? and a good Dental meeting October 30, 31, November 1st.

Your officers and committees have worked diligently with the high hopes and keen anticipation that their plans for our annual meeting would meet with your approval. The scientific program has been arranged to include two renewed authorities in their respective fields. Each will appear twice

on our program, assuring us of a full two day meeting, thus reviving an old custom which has been absent the past few years.

Your presence attests your desire to gain greater knowledge in the advancement of dentistry, so that you will be able to render more efficient services to the public. It also demonstrates your belief in the value of organized dentistry and its ability to effectively meet these new emergencies.

Come to Mid-Pines to learn, relax, and renew old friendships.

PROGRAM
THIRD DISTRICT DENTAL SOCIETY

Mid-Pines Hotel
Southern Pines, North Carolina

SUNDAY, OCTOBER 30, 1949

10:00 A.M. Golf Tournament—Mid-Pines Club

MONDAY, OCTOBER 30, 1949

9:00 A.M. Registration—Mid-Pines Hotel

9:30 A.M. Meeting called to order by the President, C. H. Teague, D.D.S., Greensboro
Invocation, R. A. Wilkins, D.D.S., Burlington

Address of Welcome, Honorable C. N. Page, Mayor of Southern Pines

Response to address of Welcome, C. A. Graham, Sr., D.D.S., Ramseur

President's Address, C. H. Teague, D.D.S., Greensboro

Recognition of State officers

Introduction of Visitors, Geo. F. Kirkland, D.D.S., Durham

Receiving applications for membership in the District and State Societies

11:00 A.M. "Examination, Diagnosis, Case Presentation, and Treatment Planning," L. D. Pankey, D.D.S., F.A.C.D., F.I.C.D., Coral Gables, Fla.

SYNOPSIS: It is the essayist's opinion that a competent, scrupulous dentist can render a proper oral health service for a majority of patients providing a thorough examination, diagnosis, and a proper presentation is made. The American public who have had good medical and dental care are not the ones who are clamoring for socialization of the health fields. Rather it is those who have not had adequate care, both in quality and quantity, and particularly those to whom professional men have not made proper presentation regarding services and fees.

12:30 P.M. Luncheon

2:00 P.M. "Positive retention in Lower Dentures," Fred S. Slack, D.D.S., University of Pennsylvania.

SYNOPSIS: An illustrated lecture by means of slides and movies to better demonstrate the different procedure in the technique will be given. This will be followed by a question and answer period, and will give an opportunity to clear up many of the problems which may confront you.

3:30 P.M. "Diseases of the Oral Mucous Membranes," J. Lamar Callaway, M.D., School of Medicine, Duke University

SYNOPSIS: Discussion will be illustrated with kodachrome slides. Included will be a discussion of electrogalvanic lesions, erythema multiforme, virus infection, syphilis of the oral mucosae, geographic tongue and related conditions.

- 6:30 P.M. Banquet—Mid-Pines Hotel
 8:00 P.M. Business Session. Election of Officers

TUESDAY, NOVEMBER 1, 1949

- 8:30 A.M. Veterans' Breakfast—Mid-Pines Hotel
 9:30 A.M. "Practice Management," L. D. Pankey, D.D.S.,
 F.A.C.D., F.I.C.D., Coral Gables, Fla.

SYNOPSIS: This lecture will cover such points as: the wise use of auxiliary personnel (well-trained assistants, hygienists, and technicians); organization and efficiency in the operation of a dental office; fees; collections; the use of a budget plan; some psychological problems involved in building and holding a better dental practice; and last but not least suggestions for a balanced investment for the professional man.

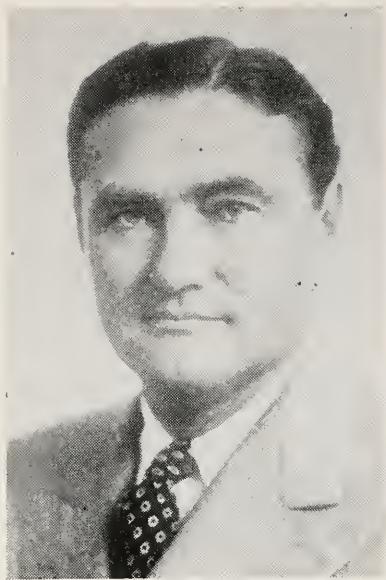
- 10:30 A.M. TABLE CLINICS
 "Movie on Direct Acrylic Fillings," Frank Atwater,
 D.D.S., Greensboro
 "Surgical Problems of Unerupted Teeth," T. W.
 Atwood, D.D.S., Durham
 "Operative Dentistry Procedure," T. W. Burns,
 D.D.S., Chapel Hill
 "Report on Acralite Restorations," M. L. Cherry,
 D.D.S., Durham
 "Carving of Direct Inlay Patterns," James L. Henson,
 D.D.S., Greensboro
 "Before and After Orthodontia Records," H. M.
 Hunsucker, D.D.S., Greensboro
 "Periodontia," G. F. Kirkland, D.D.S., Durham
 "Hydroscopic Investment of Inlays," C. H. Teague,
 D.D.S., Greensboro
 "Acrylic Jackets," Marvin Walker, D.D.S., Durham

- 12:30 P.M. Luncheon

- 2:00 P.M. "Present status of Acrylic in Dentistry," Fred S.
 Slack, D.D.S., University of Pennsylvania

SYNOPSIS: Acrylic, one of the newer materials, has vast possibilities in dentistry and is here to stay. A detailed discussion of its successful uses as applied to full and fixed prosthesis in its practical application to everyday dental practice.

- 3:30 P.M. Business Session
 Report of Committees
 Selection of Meeting Place
 Installation of Officers
 Adjournment



Dr. Pankey

**L. D. PANKEY, D.D.S., F.A.C.D.,
F.I.C.D.**

Coral Gables, Fla.

Dr. Pankey is in private practice in Coral Gables, Florida and does Restorative Dentistry and Examination, Diagnosis, and Treatment Planning for his dental Clinic.

Dr. Pankey possesses that enviable quality of knowing how to combine good dentistry and sound economics. He has appeared before dental groups in several states.

Dr. Pankey received his D.D.S. degree from the University of Louisville in 1924 and holds fellowships in the American and International Colleges of Dentists and is a past president of the American Association of Dental Examiners where he has made a major contribution to dentistry in this field.

**J. LAMAR CALLAWAY, M.D.
Duke University**

Professor of Dermatology and Syphilology, Duke University School of Medicine and Duke Hospital.

Subject: "Diseases of the Oral Mucous Membranes."



Dr. Callaway

NEWS ITEMS

Dr. N. R. Callaghan, recently of High Point, has returned to Northwestern University for special work in prosthetics.

Dr. Duncan Getsinger has moved from Asheville to Chapel Hill to take over the offices of Dr. Jan King who has gone in the Navy.

Dr. T. E. Sike, Jr. of Greensboro was recently married to Miss Betty Gale Edwards of the same city.

Dr. E. S. Pressley of Greensboro has recently moved his offices to 822 N. Elm Street.

Dr. W. T. Burns, formerly associated with Dr. E. M. Medlin in Aberdeen has moved to Chapel Hill taking the offices of Dr. John Pleasants who has entered the Army.

Dr. L. G. Coble of Greensboro gave a clinic on prosthetics at the Greater Washington meeting.

Dr. R. L. Underwood of Greensboro, who has been on the ailing list, is now on the mend we are glad to report.

It is reliably reported there will be several new Papas from Greensboro, by meeting time in October. Two for certain.

—Marvin R. Evans, District Editor

FOURTH DISTRICT DENTAL SOCIETY

OFFICERS 1948-1949

J. J. Tew	.....	<i>President</i>
C. E. Abernethy	.....	<i>President-Elect</i>
L. G. Hair	.....	<i>Vice-President</i>
Paul Harrell	.....	<i>Secretary-Treasurer</i>
E. A. Pearson	.....	<i>District Editor</i>

COMMITTEES

PROGRAM

J. W. Whitehead, *Chairman*
S. H. Massey, Jr.
P. E. Cotter

DISTRICT COUNCIL ON DENTAL HEALTH

J. M. Fleming, *Chairman*
A. D. Underwood
G. L. Hooker

ETHICS

R. M. Olive, *Chairman*
S. L. Bobbitt
D. C. Woodall

MEMBERSHIP

C. E. Abernathy
L. H. Paschal
J. T. Hunt

ENTERTAINMENT

K. L. Johnson, *Chairman*
E. N. Lawrence
R. T. Goe

A. D. A. RELIEF FUND

L. J. Moore, *Chairman*
B. L. Aycock
C. D. Bain

STATE INSTITUTIONS

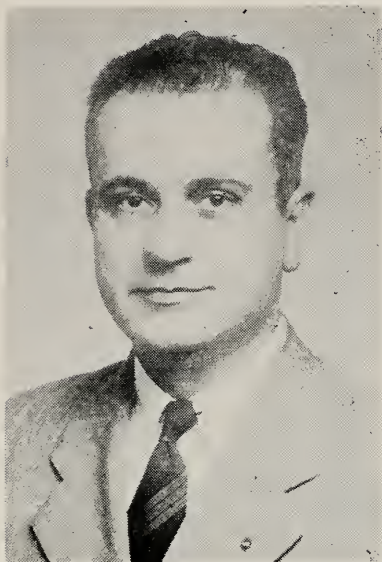
H. O. Lineberger, *Chairman*
D. T. Smithwick
W. J. Massey, Jr.

PUBLICITY

T. M. Hunter, *Chairman*
R. S. Jones
J. R. Edwards

GOOD SCIENTIFIC SESSIONS

J. J. Tew, D. D. S., President



Dr. Tew

The annual meeting of the Fourth District Dental Society will convene at the Hotel Sir Walter Raleigh, September 26-27. You will note that the meeting is being held about a month earlier this year than has been our custom for the past several years. This change is necessary in order that the state society officers and others who plan to attend the A.D.A. meeting in California may be able to attend our meeting. Please make your plans now to attend.

Monday evening, September 26th, will be given over to the banquet and entertainment. The entertainment committee consisting of Drs. K. L. Johnson, E. N. Lawrence and R. T.

Goe has spared no effort in making this one of the most enjoyable of its kind ever to be held. Both the food and entertainment promise to be superb. Please be prompt in notifying this committee as to whether you will attend and how many plates to reserve for you. You will receive a notice with reply card attached from the entertainment committee in the near future. Let us have all members present if possible.

Tuesday, September 27th, the business and scientific sessions will be held. The program committee consisting of Drs. J. W. Whitehead, S. W. Massey and P. E. Cotter has done an excellent job of arranging a most enjoyable and instructive program. You owe it to yourself and to your society to attend these sessions. Let us take a day or two vacation from the office and at the same time pick up some valuable information to take back with us.

I wish to express my appreciation to the visiting clinicians who are giving their valuable time to bring us as up-to-date information in the field of dentistry; also to those who are making their contribution through the table clinics.

My sincere appreciation is extended also to all committeemen and any others who have helped to assure the success of this meeting. To the members of the other districts of North Carolina and to members of the A.D.A. From other states a most cordial invitation is extended to you to attend the Fourth District Meeting.

PROGRAM
FOURTH DISTRICT DENTAL SOCIETY
Sir Walter Hotel
Raleigh, N. C.

MONDAY, SEPTEMBER 26, 1949

7:30 P.M. Banquet — Entertainment

TUESDAY, SEPTEMBER 27, 1949

8:00 A.M. Veterans' Breakfast

8:30 A.M. Registration

9:00 A.M. Meeting called to order by the President, J. J. Tew,
D.D.S., Clayton

Invocation, J. Martin Fleming, D.D.S., Raleigh

Minutes of Last Meeting

Treasurer's Report

President's Address, J. J. Tew, D.D.S., Clayton

Presentation of Applications for Membership, C. E.
Abernethy, D.D.S., Raleigh

Recognition of Officers of the N. C. Dental Society

Introduction of Visitors, C. W. Sanders, D.D.S.,
Benson.

10:00 A.M. Business Session
Election of Officers

Election of Delegates and Alternates to North
Carolina Dental Society

10:30 A.M. Ernest B. Nuttall, D.D.S., Baltimore, Maryland
"Clinical and Technical Aspects of Crown and Bridge
Prosthesis."

SYNOPSIS: An illustrated discussion of the practical bio-mechanical factors peculiar
to the diagnosis, the treatment planning and the procedure involved in the
replacing of missing teeth, particular emphasis being placed on the fixed
restorative appliances and the methods of construction employed, with
consideration of the objectives of restoration.

11:30 A.M. W. J. Petterson, PhD., Raleigh
"The Chemistry of Teeth"

SYNOPSIS: The influence of the vitamins of the inorganic elements will be reviewed
and recent developments in the field will be given special emphasis.

12:30 P.M. Luncheon

- 2:00 P.M. TABLE CLINICS
Ernest B. Nuttall, D.D.S., W. J. Peterson, PhD.
- 3:00 P.M. "Amalgam"
S. H. Massey, Jr., D.D.S., Warrenton
N. H. Underwood, D.D.S., Wake Forest
- "Gothic Arch Tracing," T. M. Hunter, D.D.S.,
Henderson
- "Anterior Acrylic Restorations," James F. Pruitt,
D.D.S., Oxford.
- "The Acrylic Veneer Crown," H. E. Maxwell, D.D.S.,
Fayetteville
- "Orthodontia, That Every Dentist Should Know,"
E. N. Lawrence, D.D.S., Raleigh
- 4:00 P.M. Business Session
Report of Committees
Installation of Officers
Adjournment



Dr. Nuttall

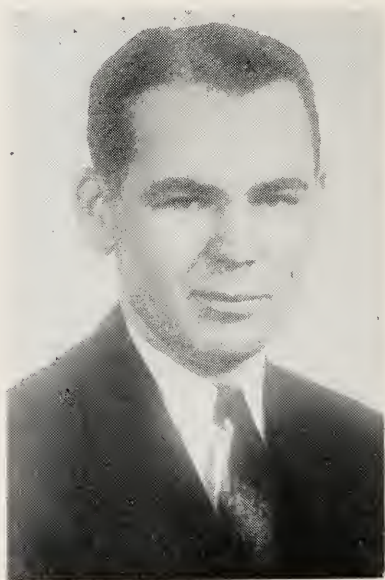
E. B. NUTTALL, D.D.S., F.A.C.D.
Baltimore, Md.

Baltimore, Maryland. Graduated from the Baltimore College of Dental Surgery, Dental School, University of Maryland in 1931. Appointed Instructor in Ceramics following graduation. Private practice eleven years. Member of the Naval Reserve DC-V(s), United States Navy since 1938. Fellow of American Academy of Restorative Dentistry. In 1942 was elected Professor of Fixed Partial Prosthesis at the University of Maryland. Appears on the program 10:30 A. M. Subject: "Clinical and Technical Aspects of Crown and Bridge Prosthesis."

W. J. PETERSON, Phd., M.S., B.S.,
N. C. State College

Raleigh, North Carolina. Graduated Michigan State College with B. S. and M. S. Degrees, Phd., from University of Iowa. Head of Chemistry Department of N. C. State College. From 1942-1949 was head of the Nutrition Section of N. C. State College. Chairman of State Nutrition committee. Dr. Peterson has published approximately fifty publications in the field of Nutrition. Appears on the Program, 11:30 A. M. Subject: "The Chemistry of Teeth."

The influence of the vitamins of the inorganic elements will be reviewed and recent developments in the field will be given special emphasis.



Dr. Peterson

NEWS ITEMS

Dr. Tom P. Freeman the son of Dr. L. E. M. Freeman Professor of Religion at Meredith College. Is now associated with Dr. Royster Chamblee. Before coming to Raleigh Dr. Freeman was practicing Dentistry in Lenoir, N. C. Dr. and Mrs. Tom P. Freeman have two daughters the second daughter Jane Parker Freeman born May 17, 1949. The Freemans are making their home in Raleigh, Rt. No. 2.

Dr. Tom Collins was married to the former Miss Clotilde Crow of Raleigh, N. C. on February 19, 1949. Dr. and Mrs. Collins are now residing at 1526 Carr St., Raleigh, N. C.

Dr. Nash Underwood was married to the former Miss Janis Ann Barrier of Concord, N. C. on February 5, 1949. They are now residing in the Wilson Apartments, Wake Forest, N. C.

Dr. and Mrs. Paul T. Harrell announce the birth of a son Paul Truman Harrell, Jr., born March 16, 1949.

The Raleigh Dental Society entertained at a Barbecue on Wednesday afternoon June 29th, at the Neuseoca Club House for the State Board of Dental Examiners. Drs. Minges, Hunt and Jones from other Districts were visitors also, Dr. Gus Clark, Atlanta, Ga., Dr. J. A. Marshburn, Camp Butner, N. C., Dr. A. T. Jennette's son, Sandy, Washington, N. C., Dr. Robert Gilbert, student at School of Orthodontics, Tenn., and Dr. A. LeRoy Johnson, Great Barrington, Mass.

Dr. H. Royster Chamblee attended the Washington Dental Clinic in February. In June he attended the Southern Academy of Periodontology

and used the following week as vacation in Western North Carolina.

Drs. Hale and Baker have moved their offices from the 4th floor of the Professional Building to the 8th floor.

Dr. L. D. Herring has moved his office from the 5th floor of the Professional Building to the 8th floor.

Dr. Anton Phillips has moved his office from Fairview Road to the Professional Building, Raleigh, N. C.

Dr. Paul Fitzgerald, Jr., has returned to Raleigh and opened his office in the Odd Fellows Building.

Dr. and Mrs. S. L. Bobbitt returned September 1st from a trip to California.

ANNOUNCEMENT

The University of Illinois College of Dentistry will present by telephone a series of six Round Table Symposia on

"CURRENT ADVANCES IN DENTISTRY"

The fee for these lectures will be ten dollars, paid to Secretary of Raleigh Dental Society. The place of meeting to be announced later.

The program is as follows:

DATE OF PROGRAMS— SECOND MONDAY OF EACH MONTH

- Recent Advances in Caries Control:
Monday, October 10th, 1949
- Pain in Dentistry:
Monday, November 14th, 1949
- Masticatory Mechanism:
Monday, January 9th, 1950
- Dentistry for Children:
Monday, February 13th, 1950
- Nutrition in Dentistry:
Monday, March 13th, 1950
- Oral Diagnosis and Cancer Control:
Monday, April 10th, 1950

FIFTH DISTRICT DENTAL SOCIETY

Charles D. Eatman	-----	<i>President</i>
Wallace Griffin	-----	<i>Vice President</i>
H. E. Butler	-----	<i>President-Elect</i>
Dan Wright	-----	<i>Secretary-Treasurer</i>
F. D. Bell	-----	<i>District-Editor</i>

HOUSE OF DELEGATES

DARDEN EURE, *Chairman*

Z. L. Edwards

B. McK. Johnson

COMMITTEES

PROGRAM

F. G. Harris, *Chairman*
 Junius C. Smith
 H. W. Gooding

AUDITING

C. B. Johnson, *Chairman*
 (New Bern)
 James Furr, Jr.
 Dwight Johnson

CLINICS

R. A. Daniels, *Chairman*
 H. A. Baughan
 E. L. Eatman

RELIEF

Herbert Smith, *Chairman*
 H. L. Young
 J. B. Brown
 C. R. Minges

MEMBERSHIP

M. M. Lilley, *Chairman*
 George Price
 R. L. Mohn

RESOLUTIONS

Fred Coleman, *Chairman*
 L. R. Turner
 A. C. Early

STATE, COUNTY, AND CITY HOSPITALS

M. T. Blanchard, *Chairman*
 Roy Miller
 H. K. Thompson

ARRANGEMENTS

F. D. Bell, *Chairman*
 Z. L. Edwards
 J. F. Duke
 Sandy Jennette

COUNCIL ON DENTAL HEALTH

C. A. Thomas, *Chairman*
 Dewey Boseman
 Charles Godwin

DENTAL DECAY

G. L. Overman, *Chairman*
 Jimmy Smith
 Elmer Lansche

PUBLICITY

E. C. Denton, *Chairman*
 B. R. Morrison
 James Zealy
 C. V. Zieblin

NECROLOGY

J. G. Poole, *Chairman*
 W. H. Gray, Jr.
 B. McK. Johnson

ETHICS

C. B. Johnson, *Chairman*
(Jacksonville)
O. L. Wilson
William Rudder
C. G. Lancaster

CONSTITUTION AND BY-LAWS

Darden Eure, *Chairman*
J. V. Turner
Charles Cook

LEGISLATURE

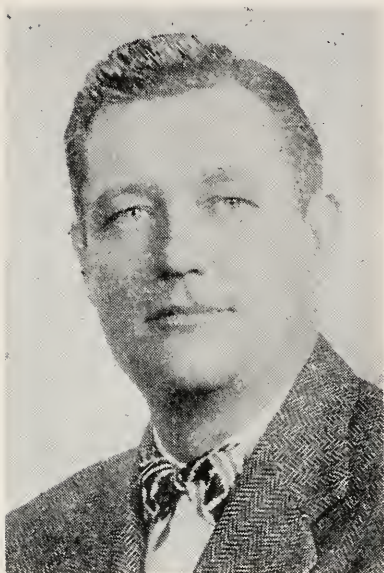
P. E. Jones, *Chairman*
J. B. Powell
Robert Parker

PUBLIC RELATIONS

Guy E. Pigford, *Chairman*
W. L. Woodard
W. W. Umphlett
James Lee

PLEASANT RESPONSIBILITIES

C. D. Eatman, D. D. S., President, Rocky Mount



Dr. Eatman

It is a fact that Dental Organizations are responsible to a great extent for the progress Dentistry has made since the first organization meeting. No one can reflect upon the progress of American Dentistry and not be impressed with all its accomplishments. In a comparatively brief space of time it has elevated itself to the statue of a leading and learned profession, recognized by the world for its leadership.

The elevation of Dentistry is a problem that has always been and will forever be carried on by the untiring efforts and devotion of every individual member in the profession.

Your officers and committee members have worked diligently throughout the year with a great determination that their plans for your district meeting would meet with your approval.

I wish to personally extend to you a most cordial greeting and hope that our meeting will prove to be an occasion for Dental advancement and happy reunions which will serve as a guide to make all of us better leaders.

The arrangement committee welcomes you to Washington for your District Dental Convention. Members of the North Carolina Dental Society are extended an invitation to come to Washington for our District Meeting. For Hotel reservations write to Dr. F. D. Bell, Washington, N. C.

—District Editor.

PROGRAM

FIFTH DISTRICT DENTAL SOCIETY

Avalon Room - Club Saleeby

Washington, N. C.

SUNDAY, SEPTEMBER 25, 1949

6:30 P.M. Supper—Knotty Pine Inn
Speaker—Edmund H. Harding, N. C., Humorist

MONDAY, SEPTEMBER 26, 1949

8:00 A.M. Veteran's Breakfast—Louise Hotel

9:00 A.M. Meeting called to order by the President, C. D. Eatman, D.D.S., Rocky Mount

Invocation, Rev. Wiston Hamilton

Address of Welcome, Mayor L. H. Swindell

Minutes of Last Meeting

President's Address, C. D. Eatman, D.D.S., Rocky Mount

Presentation of Applicants for Membership

Greetings from the N. C. Dental Society Officers

Introduction of Visitors

10:30 A.M. "Crown and Bridge Prosthesis for the General Practitioner," Earnest B. Nuttall, D.D.S.

SYNOPSIS: An illustrated discussion of the important steps involved in the replacing of missing teeth with fixed bridge restoration. Particular attention will be given to occlusion, abutment preparation, retainer construction, wax pattern technic, investment by vacuum and casting. Many other details of fixed bridge restorations will be demonstrated by Kodachrome slides and motion pictures in color.

11:15 A.M. Intermission

12:00 Noon TABLE CLINICS

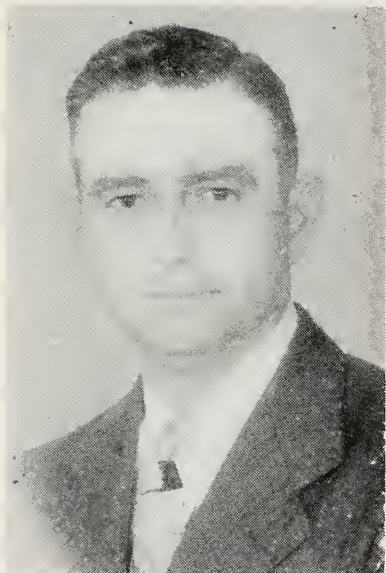
"Practical methods of Impression and bite technique at one sitting," James M. Zealy, D.D.S., Goldsboro

"Amalgam fillings," Charlie P. Godwin, D.D.S., Rocky Mount

"Semi-Indirect pattern technique for gold inlay," Henry Zaytoun, D.D.S., Rocky Mount

1:00 P.M. Luncheon—Avalon Room—Club Saleeby

2:00 P.M. Treasurer's Report
Report of Committee on President's Address
Report of other Committees
New Business
Election of Officers
Place of next meeting
Installation of Officers
Adjournment



Dr. Nuttall

E. B. NUTTALL, D.D.S., F.A.C.D.

Baltimore, Maryland. Graduated from the Baltimore College of Dental Surgery, Dental School, University of Maryland in 1931. Appointed Instructor in Ceramics following graduation. Private practice eleven years. Member of the Naval Reserve DC-V(s), United States Navy since 1938. Fellow of American College of Dentists. Associate member of the American Academy of Restorative Dentistry. In 1942 was elected Professor of Fixed Partial Prosthesis at the University of Maryland. Subject: "Practical Fixed Bridge Prosthesis."

MINUTES
NORTH CAROLINA DENTAL SOCIETY
MEETING EXECUTIVE COMMITTEE

CAROLINA HOTEL
Pinehurst, N. C.

May 21, 1949 — 10:30 A. M.

The Executive Committee met immediately following the final session of the Ninety-third Anniversary meeting of the North Carolina Dental Society.

Those present were:

Dr. A. C. Current—Chairman
Dr. Paul Fitzgerald
Dr. Walter T. McFall—Ex-officio
Dr. Amos S. Bumgardner—Ex-officio
Dr. R. Fred Hunt—Ex-officio

Dr. McFall announced that Dr. S. P. Gay, newly appointed member, was absent on account of Mrs. Gay's illness.

Motion by Dr. McFall, seconded and carried, that we employ Miss Kevill to serve as stenotypist for our 1950 meetings.

Motion by Dr. Hunt, seconded by Dr. McFall that Dr. L. Franklin Bumgardner our Editor-Publisher be elected to succeed himself during the coming year, and that the, Secretary of the North Carolina Dental Society be permitted to write him a letter expressing our appreciation and thanks for the very efficient and capable manner in which he has fulfilled the duties of his office during the past year.

Motion by Dr. Hunt, seconded by Dr. Fitzgerald, that the following committees meet in Greensboro on a Sunday in July, date to be announced later by the Secretary, for the purpose of setting up the 1950 meeting.

1. Executive Committee
2. Program Committee
3. Arrangements Committee Chairman
4. Entertainment Committee Chairman
5. Exhibit Committee Chairman
6. Exhibitor
6. Editor

Motion by Dr. Fitzgerald, seconded and carried, that Senator Lester C. Hunt be paid \$100.00 for Honorarium and \$100.00 for traveling expenses.

Motion by Dr. Fitzgerald, seconded by Dr. Bumgardner and carried, that the Executive Committee appropriate a sum not to exceed \$125.00 to secure two rooms for use as headquarters for the North Carolina Dental Society at the American Dental Association meeting in San Francisco. The Secretary was instructed to secure the rooms.

Dr. Current appointed Drs. McFall, Bumgardner, and Hunt to serve as a committee to wait on the President, Dr. Clyde Minges, at the American Dental Association meeting in San Francisco.

There being no further business the meeting adjourned at 12 o'clock noon.

R. Fred Hunt, Sec.-Treas.
North Carolina Dental Society

ANNOUNCEMENTS

North Carolina Dental Society will hold their annual meeting May 18, 19, 20, 1950. Headquarters: Carolina Hotel, Pinehurst. R. Fred Hunt, Secretary, Rocky Mount, N. C.

South Carolina Dental Association meets May, 1950, Columbia, S. C. J. R. Owings, Secretary, Greenville, S. C.

Florida Dental Society meets November 10-12, 1949, Palm Beach, L. M. Schulstad, Secretary, Bradenton, Fla.

Virginia State Dental Association meets April 17-19, 1950, Roanoke, J. E. John, Secretary, Roanoke, Va.

"The Division of Graduate and Postgraduate Studies at Tufts College Dental School has announced its schedule for graduate courses for the year 1949-1950. Graduate work leading to a Certificate may be taken in Orthodontics, Oral Pathology, Oral Pediatrics, Oral Surgery, Periodontology, Prosthetics, and Radiology. All courses listed are designed to meet the requirements of the respective specialty board. Applicants interested in obtaining the degree of Master of Science may do so by combining their clinical courses with a major endeavor in a basic, dental or medical science.

For information regarding either the graduate or postgraduate courses address correspondence to

Dr. Arthur H. Wuehrmann
Division of Graduate and Postgraduate Studies
Tufts College Dental School
416 Huntington Avenue
Boston, Massachusetts."

DR. W. S. GRIFFIN
DENTIST
301-303 CITIZENS BANK BLDG.
EDENTON. N. C.

TELEPHONES: OFFICE, 23 RES., 199-J

29 October 1947

Dr. J. Martin Fleming,
Raleigh, N. C.

Dear Doctor Fleming:

In checking the date on the poem I spoke to you about in Goldsboro, I find that the date is 1878 and was since Dr. Sapienza stated that the first crown of gold was made.

The entire wording was quoted to me by my father in 1925, from memory, and at that time I made a copy which was only recently found in looking over some old papers.

While Dentistry has made much progress since '78; thanks to the efforts and hard work of such men as yourself, Drs. Betts, Spurgeon and others; yet, there is a little trend thruout the poem that is prevailing to-day. I refer to our public fear of the "Dental Chair." Organized dentistry must fight this fifth column.

I am enclosing a copy of the poem and trust you will get a chuckle out of it since written before the first Dental law was passed in North Carolina.

Should you see Dr. Branch please express my wishes for a speedy recovery.

Sincerely,

Wallace Griffin

THE DENTIST UP-TO-DATE

Written by Joe S. Reed of Denver, Colorado in 1878

I heeded not the admonition,
Shakespeare gives in words of love;
"Better bear our present ailings
Than fly to those we know not of."
I speak therefore with intense feeling
Of my experience of late
Alas: Alas, I've been the victim
Of the Dentist Up-to-date.

All have read of chained Prometheus
In the poets tragic lays
And the cruel strange devices
Of the Inquisition days.
These were merely playthings
I do not hesitate to state
As they cannot hold a candle
To the Dentist-up-to-date.

How those cruel ancient Monarchs
Would have gloried in the rig
Of the Lillipution grind stone
And the whirling whirligig.
They'd have bartered half their kingdoms
To have drunken in their fill
To observe the face contortions
From the automatic drill.

And while that drill was still exploring
I was driven to observe
That whatever else I'm lacking
I have quite sufficient nerve
And I'm firm in the conviction
Had I nerves but few or much
The afore said tooth tormenter
Would keep easily in touch.

I found his lances dull as hackles
Yet he did not deign to whet
But his cross-cut saws, I noticed
Had been recently reset
And the little loaded mallet
He kept plying all the while
I could not help but liken
To a piler, driving pile.

He's in love with his profession
In fact enjoys a steady pull
And oft secures a good impression (in wax)
When his patient's mouth is full.
He greatly prides his fine equipment
And I'm convinced he didn't stop
'Till he'd tested all the workings
Of every tool within his shop.

I so rejoice 'tis happily over
I now possess a bridge of sighs
Also crowns all bright and golden
Like those worn in Paradise.
I here withdraw my late reflections
For there's nothing would compensate
For those priceless masticators
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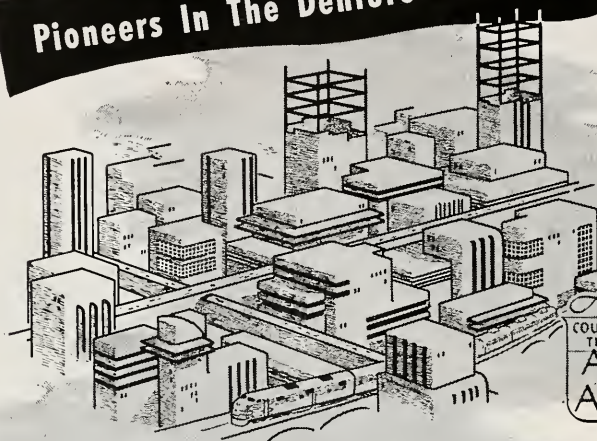


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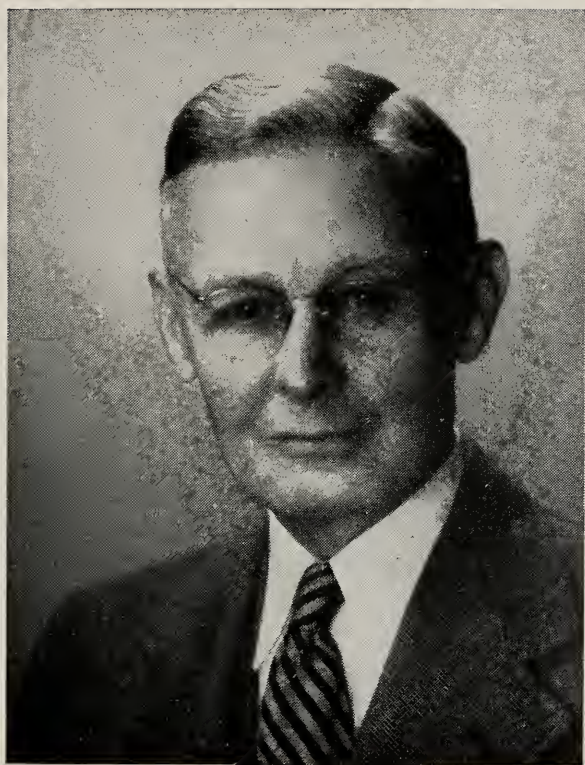
Dr. Oscar Hooks

Dr. Hooks was born in Wayne County in 1877. He attended public school in Fremont and prep school at Oak-Ridge Military Academy. He received his D.D.S. degree from the Medical College of Virginia in 1904.

On November 25, 1913, he married Miss Flora Aycocke of Fremont. They have two daughters, Miss Jane Hooks and Mrs. Herbert H. Harris, both now living in Wilson.

Although Dr. Hooks has never sought office in the Dental Societies, he has given the utmost of his abilities to the duties assigned him in Committee work. He has been unfailing in his desire to further the cause of professional ethics and promoting the best dental care. Carrying out these ideals along with his good nature and love for his fellowman he has endeared himself to his community and State.

Included in his local activities are memberships in the Rotary Club and the Wilson Country Club. He is a charter member and past president of the Wilson Rotary Club. He is one of the oldest and most active members of the Wilson Country Club where golfing is his favorite pastime. He is a regular player and handles his clubs in such a manner that he asks no odds and gives none.



Dr. Oscar Hooks

THE EMBLEM OF MERCY

A SHORT, SHORT STORY OF THE CADUCEUS

On the seal of the North Carolina Dental Society is one of the innumerable portrayals of Caduceus; this one carrying with it the map of the state of North Carolina. Few, except perhaps the immediate friends of the original artist, really notice this historic insignia. Still fewer know the story of the original Caduceus nor that of its successor in medicine, the sign of Aesculapius. Dream with me in the realms of mythology for a few moments and here it is.

Hermes the son of Zeus (known to the Romans as Mercury) was a messenger of the Gods. In exchange for a lyre, he received from Apollo a magic wand which exercised influence over all, bestowing wealth and all things good. It was an olive branch with garlands—the first Caduceus. Hermes separated two fighting snakes, and henceforth the serpents were entwined on the staff. Their presence on all medical insignia is associated with good; their presence in the Garden of Eden notwithstanding. Because Hermes, as a messenger, signified speed, wings found themselves on the staff. Numerous interpretations of the staff have been devised, but the medical profession have later leaned toward the “sign of Aesculapius,” with one staff and one serpent.

Aesculapius was “the blameless physician” (? 1200-1300 B.C.). He was of human origin, but became so skilled that he not only cured the sick, but restored the dead to life. Pluto, whose job it was to take care of the departed, feared that unless he had more customers, he'd lose his job. He complained to Zeus who struck Aesculapius dead with a thunderbolt. Legends later made Aesculapius a God, and since a God must have a God parent, he was assigned as the son of Apollo.

Followers of the cult of Aesculapius kept snakes in their houses as harbingers of good fortune; the early physician was always depicted with the serpent.

The touch of the design signifies education; the general design resembles that of the American Dental Association's seal, without the map of the U.S.A. but with the map of North Carolina.

The stories of Hermes, Aesculapius and the Gods are many and varied, but withal extremely interesting. But this is a short, short.

We are indebted to Dr. E. Frank Inskipp, 209 Post Street, San Francisco, California, past president of the American Association of Dental Editors for the Short, Short Story of Caduceus and enlarged insignia on our Bulletin cover.—Ed.

THE BULLETIN

of

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

VOLUME 33

JANUARY 1950

NUMBER 3

Officers 1949-50



Walter T. McFall, President
Asheville

Amos S. Bumgardner,
President-Elect
Charlotte

J. W. Branham,
Vice-President
Raleigh

R. Fred Hunt, Secretary
Rocky Mount

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L. Franklin Bumgardner, Editor
Charlotte

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IMPORTANT

REGISTRATION INFORMATION

It is important that those making reservations for the state meeting at the CAROLINA HOTEL follow closely the following rules in order to expedite the matter of taking care of the greatest number of requests:

- 1—No reservations will be made except by application form.
- 2—Do not write in for reservation prior to receipt of application.
- 3—Wait until you have received an application form.
- 4—Fill out form immediately and return to Carolina Hotel.
- 5—Each application blank entitles holder to one room only.
- 6—Applicants rooms will be assigned in the order in which the applications are received at the Carolina Hotel.

The checking in time at the Carolina Hotel will be Wednesday, May 17 at 5 P. M. This is necessary to allow the previous convention to vacate and has been requested by the management. A further request by the hotel is the purchase of banquet tickets at the desk of the Carolina by 2 P. M., May 19. If you are stopping at another hotel. Those stopping at the Carolina will not need Banquet tickets.

The hotel management of the Carolina requests your most courteous cooperation in the matter of assigning rooms as approximately 1,000 registration is expected and only 470 guests can be accommodated at the Carolina.

It is very important that you return your application immediately in as much as the rooms will be assigned in the order that they are received.

DEAR MEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY

Dr. Walter T. McFall, President, Asheville

We have had a good year in many, many ways. The attendance, Program planning, fellowship and interest at all of our District Dental Society meetings has been splendid. Membership is being boosted and all available dentists not previously affiliated are being enthusiastically enrolled. We need every dentist and his family in North Carolina actively aligned with all the manifold good things we are striving to do for our people and profession.

The Dental College Advisory Committee is hard at work. Prospective plans are going steadily forward; many desirable and outstanding men for the deanship are being interviewed; very soon now definite announcements will be made to all of us from those responsible at The University of North Carolina and our representatives in the dental profession. We will have a dental school second to none in our nation, it will be well staffed, equipped for the best, and you may be sure we will all be proud of our dental college.

The recent American Dental Association meeting in California was splendidly attended by our North Carolina members. The headquarter rooms was a compliment to our state and to our president who did himself and all of us proud—Clyde Minges established an outstanding record of achievement, accomplishment and progress during his administration.

Membership is at an all time high. The State Officers Conference of the A.D.A. was well attended and the program was beneficial, helpful and enjoyed by all.

The Illinois Telephone PG Courses are going fine; be sure to try to attend one of the five classes in Raleigh, Durham, Charlotte, Greensboro, or Asheville. The questionnaires circulated by our PG Extension Committee show an intensive interest in more and further post graduate courses. Your Executive Council has had several meetings during the interim from our last meeting. Planning goes faithfully along for our next annual meeting at Hotel Carolina in Pinehurst. Applications for reservations will be mailed to all in February. We hope you will plan to give a Table Clinic during our state meeting; if you can, please notify Dr. N. P. Maddux, Asheville, and tell him of the title of your table clinic also what equipment you will need for your table clinic. All our committees are hard at work and serving us with accomplishment and distinction. A District Ladies Dental Auxiliary has been organized, others will be formed soon. Your officers and editor welcome your ideas, suggestions, and criticisms for the advancement and improvement of our N. C. Dental Society. Every sincere good wish to all of you and plan now to bring the family with you to Pinehurst on May 18, 19, and 20, 1950.

TO WIN MEN

WE MUST SERVE THEM

Amos S. Bumgardner, President-Elect, Charlotte

Each month in the year 1949 the A. D. A. membership reached a new peak, with 11,000 active members attending the A. D. A. meeting in San Francisco. Student membership has doubled from last years totals.

As your membership chairman for the present year, the membership of the North Carolina Dental Society had reached a new peak for all times. In N. C. the present registered dentists is one thousand thirty-five, of which active membership is more than nine hundred. From the best comparative figures which could be set forth for the five district meetings of our present year, each district had a great membership present.

The Fifth District had the greatest membership attendance and perhaps the greatest program of its history at Washington, N. C. No expense or attention was spared that its membership might reap the benefits of the food, both physical and mental, that is so necessary for growth and development. The number one members who were present and who elicited such admiration was our own Dr. Clyde E. Minges, President of the A. D. A. Dr. Clyde spoke in endearing terms of his joy and pleasure in being part of a wonderful organization.

The Fourth District meeting beginning on Monday night set off by an exquisite banquet of the membership and their charming wives completely filled the large ballroom of the Sir Walter Raleigh Hotel. It was such as to grip the imagination. The following day fourteen new mem-

bers set a new high mark for a record attendance at the Fourth Meeting.

The Third District meeting held at Mid-Pines carried another high record for membership and guests, and in such a quiet setting it created an atmosphere which was conducive to stimulation and growth.

The Second District meeting, held at the Selwyn Hotel, Charlotte, had the greatest attendance in its history, lasting for one and one-half days. It was presided over by Dr. J. Donald Kiser. This meeting exhibited every sign of enthusiasm and growth.

The First District meeting at the Skyland Hotel, Hendersonville, was equally as dynamic, and had the same enthusiasm which was evidenced in the other four district areas.

The basic pattern of growth and development in the North Carolina Dental Society is based upon food, fellowship and stimulation. First, we must have comfortable surroundings and excellent food to provide for the physical body. Second, we must have fellowship in the organization. We must know our fellowmen, and review the history of the days gone by, enjoying both comradeship and fun as we meet. Third, we must have, through the program committee, presentation of subject matter by the leading thinkers who are abreast with the current events of modern dental progress. These we had at all five of the district meetings, and with this pattern we shall continue to win men and bring them into our fold and organization. Let this be our motto for the future: "To win men we must serve them."

CURRENT EVENTS

FROM THE SECRETARY'S DESK

Dr. R. Fred Hunt, Secretary, Rocky Mount

As I prepare these few lines for the Bulletin, the last District Society Meeting for 1949 is recorded for history. I feel that I have been very fortunate in having been able to attend fourteen of the fifteen District Meetings which have been held in the past three years, during which I was privileged to serve as your Secretary. It has been encouraging to observe the excellent quality of the meetings which were held during the past two months. I firmly believe that the fine organizations which we have in our Districts are responsible for the fact that the North Carolina Dental Society rates so highly in the American Dental Association.

There were a goodly number present at San Francisco for the American Dental Association meeting. I am happy to report that the numerical size of the House of Delegates will not be reduced.

North Carolina members were recipients of a number of high honors. Dr. Clyde Minges, of course, presided as president of the American Association. Dr. Walter T. McFall served as president of the State Officers Conference, Dr. Wilbert Jackson was appointed to the membership of the Educational Council, Dr. Franklin Bumgardner was re-elected vice-president of the American Association of Dental Editors, Dr. H. O. Lineberger is to serve as president of the American College of Dentists, also Judicial Council of A.D.A.; Dr. Frank O. Alford, a member of the National Board of Dental Examiners and Dr.

Paul Jones, The Council on Legislation of A.D.A.

We were fortunate in defeating President Truman's reorganization plan number one, which would be just another step toward Socialization. We can expect another effort by the administration, in the next session of Congress, to pass a bill relative to Compulsory Health Insurance. We should ever be on the alert and endeavor at every opportunity to let our Senators and Congressman know that we are one hundred percent opposed to any form of legislation of this type. Stress to them not only the profession's viewpoint but primarily the ill effect it will have upon the public and the type of service rendered in countries which now have compulsory health insurance.

While I am not a member of the Housing Committee, I would like to explain a few points regarding the hotel accommodations for our May Meeting at Pinehurst.

- 1—The Carolina Hotel, not the North Carolina Dental Society, requires that all rooms be assigned by the use of application forms which they print and will mail to the membership about February 1, 1950.
- 2—Due to the rapid growth of our organization (911 registered at 1949 meeting), it has become impossible for any *ONE* hotel to accommodate our entire attendance. The management of the Carolina Hotel has promised

to see that every person attending gets a reservation at another hotel if they are unable to supply accommodations.

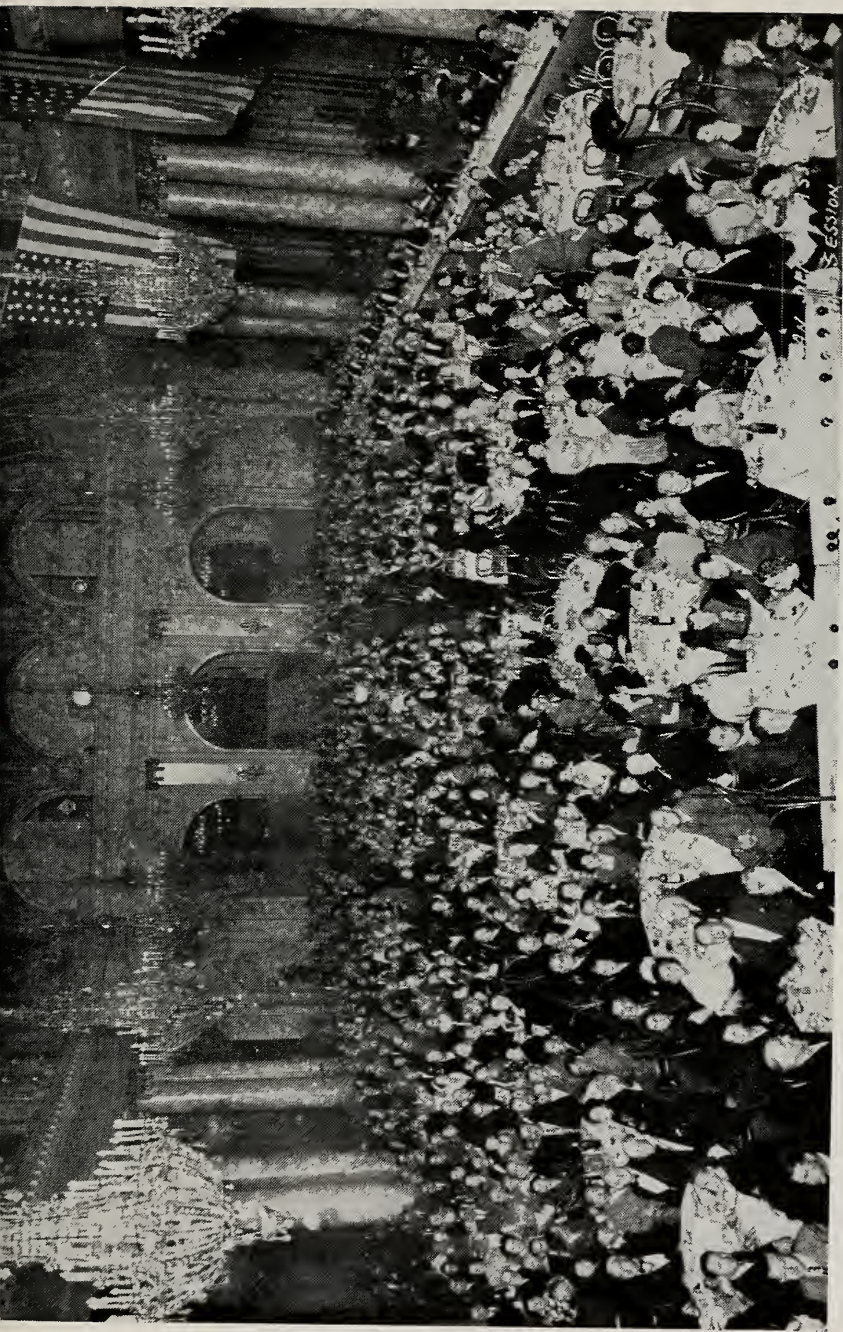
3—Return application form to hotel *immediately*. Rooms will be assigned in the same order in which the forms are received at the hotel.

4—Present your duplicate confirmed reservation to desk clerk at the Carolina. If unable to accommodate you, he will be glad to assist you in securing a room at another hotel or inn.

5—No person is to have but one room. If alone please arrange to share your room since nearly all rooms are doubles or larger.

You may be assured that the officers of the North Carolina Dental Society and the members of the Housing Committee will continue to exert every effort to the end that all will have the best possible accommodations.

In closing, I should like to avail myself of this opportunity to wish for you and your family a most happy Christmas and New Year.



International Presidents Banquet, A.D.A. Meeting, San Francisco, October 20, 1949.
Clyde Mingos and N. C. seated beneath flag.

BECOME AWAKENED OR BE ENGULFED

W. D. Yelton, President



Dr. Yelton

Mr. Chairman, Fellow members of the First District Dental Society, Ladies and Gentlemen:

To each and every one who has been placed in a position of service, there comes a time when he must render and account of his stewardship. My time has come. Mine has been a long and happy period of service in the First District Society. In 1941 you elected me as your editor and since that time I have served continuously as Vice - President, Secretary for three years, President-elect and now as your President. I am indeed grateful to you for this privilege which has been mine. It has been my sincere

desire for these eight years to serve the Society to the best of my ability. I hope that in some small way your confidence in me has been merited. If anything has been accomplished during my tenure of office, it is due to the excellent and instant cooperation of every man in the Society that I have ever asked to do a job. These requests have been many over these eight years but every one has been cheerfully and competently performed. I have learned to know many of you in a way that would never have been possible otherwise, and I value these friendships as my most treasured possessions.

It is with a great deal of pride and encouragement that we look back over the years at the accomplishments of our Society under the leadership of the very able men who have gone before us. It is to them that we owe an undying debt of gratitude for their unselfish and unreserved service to our Society and to our profession. To them goes the credit for the advancement of dentistry to its present high standing among the healing arts. Many of these men have passed over the hill but many of you are still active in the Society. It is to you that the younger ones of us look for guidance and encouragement as we try to fill our place of service in our great profession.

We deem it a particular privilege and pleasure to welcome you to this, the Twenty-eighth annual meeting of the First District Dental Society. A fine program has been arranged by

our very able program chairman, Dr. Steeleman and his committee. Many long hours were spent by this committee in putting together the excellent program which you will enjoy these two days. To the local arrangements committee here in Hendersonville we owe a debt of gratitude for the fine accommodations and entertainment which you have secured for the comfort and enjoyment of us all. We appreciate the invitation of the fine dentists of Hendersonville to come here for our meeting and we assure you we shall not soon forget your cordiality and hospitality as we go back to our homes.

In looking back over the past year we feel that due to the inadequacy of our leadership, very little has been accomplished. Many of the things we have done were wrong and many other things that should have been done were left undone. However, it is with courage and confidence that we look forward to greater and better things to come as we strive onward and upward toward the high calling for which we are placed here on earth. We are members of a great profession and it can remain great only as we, its individual members, continue to serve those who come to us to the very best of our ability. There are still many men practicing dentistry in our district who are not members of the Society. Some of these men are not a credit to our profession. It is our duty as members of organized dentistry to enlist these men in our organization and to instill in them the desire to render a better service and to inform themselves in the use of new techniques and materials. We are happy to report that we now have a membership of 194, a gain over last year of 14 new members, and incidentally the largest gain of any district in the state. To you 14 new members we extend a cordial greeting

into the Society. Every member stands ready to help you in any way that he can. We urge you to call upon us if we may aid you to become better acclimated in the great profession you have chosen. Many problems will arise but they will take care of themselves if you will be honest with those whom you serve, give them the best service of which you are capable at all times and above all be honest with yourself. Do these things and the financial reward will be adequate for your needs.

To our able and efficient secretary, Miss Patsy, we want to say, without the use of flowery adjectives, from the bottom of our hearts, a sincere thank you for the fine way in which you have served the Society as secretary these past two years. And to all the other officers with whom it has been my honor to serve, I want to say that I appreciate more than I can express in words your loyal support in carrying on the work of the Society. I shall cherish always these years of service in the Society together.

These are perilous times in which we live, our freedom is threatened on all sides, the democracy for which our forefathers bled and died is in great danger of collapse. Socialism is rearing its ugly head on every hand and it is this very thing in which we as dentists should be vitally interested. I do not intend to bore you with a long discourse on "compulsory health insurance." The American Dental Association published a special edition of the Journal in April 1949 dealing entirely with compulsory health insurance, giving a rather full and complete discussion to every phase of the problem. Go back to your office and tear the wrapper off this issue of the Journal and digest its contents. Suffice it to say here that we as dentists cannot sit on our hands and

say, "This thing cannot be, it is against our American way of life." We must be alert and informed to every phase of this problem. We must appoint ourselves as committees of one to inform our patients and our friends to the real danger lurking in this abominable socialistic scheme to regiment our people and to subjugate them to the rule of a bureaucratic system. We must go before our civic clubs, P.T.A. Groups and other groups and try as best we can to inform them fully as to just how their future health and that of their children will be jeopardized if compulsory health insurance becomes law. We should also remind our senators and representatives in the Congress of our continued opposition to such legislation. Unless we become fully awakened and bestir ourselves accordingly, this thing will engulf us and those whom we try in our humble way to service in a maelstrom of political and bureaucratic red tape from which we will never be able to extricate ourselves.

There are many things that we can do and that we need to do in our district to combat this trend toward the socialization of our profession. First, we need to encourage and foster more study clubs in our district. Only thirty-five men have enrolled so far in the University of Illinois Post Graduate courses which will begin October 10. We should have had at least 75. Second, each of us should inform ourselves about what is actually going on in dentistry as a profession. We should interest desirable young men and women in it, we should support and assist our newly formed dental department at the University of North Carolina at Chapel Hill. We should be alive to legislation and national policy as well as health, educational, and local level educational plans and ways and means of making them work. Third, each of

us should boost membership, help the indifferent, uninterested member become interested, active and useful. Fourth, the only way ethically we can show the public we are doing our part is by daily being in our offices and doing our best for every patient who comes to us.

In closing, I want to make four recommendations to the Society:

1. That Article VII of the Constitution be changed to provide for three additional committees; namely, Necrology Committee, Membership Committee with the Vice-President as chairman, and a Golf Committee.

2. That Article VI of the Constitution be changed to provide for the election of two alternates to the House of Delegates of the North Carolina Dental Society.

3. That a committee be appointed by the president to review our Constitution and By-Laws and to recommend to this body any changes necessary so that they might conform to the state and American Dental Association Constitution and By-Laws.

4. Up until the present time, the District dues of \$2.00 has been adequate to defray the expenses of the society. However, due to the increased expenses involved in securing clinicians, paying for printing and other things that must be taken care of, it makes it practically necessary that we increase our dues to the District. I therefore recommend to the Society that the dues be increased to \$3.00 beginning January 1, 1950.

Again may I thank every one of you for your loyal support and your confidence in me and I can think of nothing better for our incoming president than to wish for him the same support, cooperation and encouragement that you have given me.

Read before the First District Dental Society, October 2, 1949—Hendersonville.

PRESERVATION AND ENRICHMENT OF THE HIGHEST IDEALS

J. Donald Kiser, President



Dr. Kiser

Mr. Vice-President, Fellow members of the Second District Dental Society and Distinguished Guests: May I take this opportunity to extend to you a hearty welcome back to Charlotte for the 29th Annual meeting of the Second District Dental Society. We hope you will be socially entertained by your fellowship with one another and professionally inspired by your attendance of the scientific program which has been prepared.

I sincerely want to thank the members of the Executive, Program, Clinic, Local Arrangements, and all other committees for the splendid way in which they have served our Society

in the past year. They all have worked joyfully and untiringly for the best interest of our organization. It has been a real pleasure and inspiration to work with them.

During the past year, dentistry in North Carolina has realized a dream of many years, that of establishing a Dental College in North Carolina. We feel that dentistry has rendered the people of this State a real service in pointing out the greater need for a school for the training of dentists and oral hygienists. As you know, the State Legislature appropriated \$750,000.00 for building and \$250,000.00 for equipping the dental school. At the request of Chancellor House of the University of North Carolina, a special advisory committee from the North Carolina Dental Society has been appointed to work with the University. Reports which emanate from this committee are of such nature that we may not only expect a graduate course which is completely adequate but also that the personnel of the teaching staff will be of such calibre that a complete service of post-graduate work such as offered by our Northern and Western Universities will be made available.

The citizens of North Carolina and the profession of dentistry will benefit immeasurably by the establishment of such a school. The continuation of such unselfish service to the people of our State in planning for their health needs of the future is not only our privilege but our obligation as guardians of the health of our citizens.

Inasmuch as our Executive Committee in regular session voted to recommend that our dues be increased to \$5.00 per year due to the increase in cost, I would like to heartily concur with them.

It is also my understanding that our Committee on the Constitution and By-Laws will recommend that the section pertaining to Life Membership be changed to conform to that of the American Dental Association and our own North Carolina Dental Society. This change, I feel, is justified and proper.

ANTI-CARIES DENTIFRICES

During the past year we have seen advertised to the public in elaborate fashion many methods of controlling caries. Sodium Fluoride tablets, dibasic ammonium hydroxide and urea incorporated in a tooth powder, pills, and chewing gum, and the new chlorophyll dentifrice.

A news release from the ADA in July, reports a national publicity campaign making extensive claims for the new chlorophyll dentifrice to the annual meeting of the International Association of Dental Research in Chicago. The reports were presented by Dr. Gustav W. Rapp and Mr. B. F. Gurney of the faculty of Loyola University Dental School. The publicity campaign was conducted by a Chicago public relation firm on behalf called Chloresium. According to the publicity releases, the toothpaste acts to do away with all the conditions generally thought by dental authorities of the manufacturers of a tooth paste to be causes of dental decay, according to Dr. Rapp and Mr. Gurney. The two researchers also were quoted as reporting that a new dentifrice lowers the acid count of the mouth better than any other substance, retards the break down of

the protein part of the enamel and inhabits pathogenic bacteria. In addition, the new paste deodorizes the mouth and retards the return of the offensive odors. These claims were made after laboratory tests on saliva from only 100 individuals. Their tests so far have been made only in the laboratory with human saliva and on animals. Tests on human patients are now underway. It is the feeling of some of the leaders of our profession that a National program is needed to destroy this "obsession" over decay. Dr. George A. Bruns of Boston, president of the American Academy of Dental Medicines, states that gum diseases and other troubles are responsible for the largest number of teeth lost today. The Academy would urge people to pay more attention to general oral hygiene. The ADA Council on Dental Therapeutics has encouraged research but has recommended that such research precede recommendation of such preparations for use by the general public.

No group of people are more anxious for a caries preventative than we of the dental profession. Yet I feel that many of these have been widely and elaborately advertised prematurely. In my opinion we should not recommend the use of cure-alls that do not have an abundance of scientific proof for their claims.

COMPULSORY HEALTH INSURANCE

The battle of our profession against socialized medicine is still raging.

The May 28th issue of the Lancet, a journal of British and foreign medicine, public health, etc. reports as follows: "For the second time since the National Health Service began less than a year ago the Minister of Health has found it necessary to reduce the fees of dentists. The first, cut, one of 50% on gross earnings

beyond 4800 pounds per annum was introduced on February 1st. From June 1st a new scale of fees payable to dentists under the National Health Service is to be introduced with the aim of reducing gross earnings by 20%."

This is proof of one of the characteristics of socialization, that of limiting the income of the profession yet increasing the cost of professional service to the public.

British Minister of Health, Bevan, in an interview in New York early in July made the following statement: "Great social changes cannot be done gradually. It must be done all at once on a day selected for the purpose. To do it gradually would create many resistances and make the Minister subject to everyone else, instead of having them subject to him. It is his responsibility to make the new system work and he cannot do that if he is not master, if he does not have complete control." Mr. Bevan does not mince words in stating that the Minister or Director is to be the master of the people.

This is a clear indication that socialism leads to totalitarianism.

The Honorable James F. Byrnes in an address before the South Carolina American Legion at Greenville said "We don't want the Federal Government regimenting our lives from the cradle to the grave." The editors of the Charlotte Observer concurred with Mr. Byrnes as follows: "We shall have to qualify that. We don't want the Federal Government regimenting our lives unless we have lost our traditional American character built on self-reliance and on the tenet that every man was supposed to make his own way in the world.

"But some, it must be sadly confessed, have lost that character. Some

actually want to be regimented from the cradle to the grave; some are afraid to take the responsibility for their own future; some have already acquired the slave psychology and want to be classified permanently as dependents.

"They are afraid of freedom.

"They are afraid of freedom because of the responsibilities that go with it. They have been coddled until they are afraid of responsibility even for themselves, let alone the responsibility of maintaining freedom.

"The only people in this country who ever had perfect social security were the slaves of the olden days. The master provided everything—food, clothing, shelter, medical care—and the slave did not have to worry about anything. All he had to do was to obey orders.

"Sometimes a slave was given his freedom. Sometimes he was able to buy it; but from that moment he was responsible for his own food, clothing, shelter, and medical care. It is no longer a concern of the master.

"We can have complete social security in this country, but, as surely as we do, every one of us will be a slave, because the power that gives us that security has the same right that the old slave-master had to demand full obedience from the slave that accepts it."

Socialism not only tends to enslave the people but promises that which it cannot fulfill and in essence, is therefore, immoral. Senator Lester Hunt reported at the meeting in Pinehurst that some physicians in London were forced to see so many patients that only two or three minutes could be allowed for each patient.

We, of the dental profession know that the principal of private enterprise has and will continue to render

the finest, most adequate health service possible to the people of these United States. So let us bind ourselves together into a strong organization and fight to maintain it.

A recent publication quoted the London Times as follows:

In England there is no incentive to bold undertakings. Today it is safer to be a bureaucrat than a maker, and the young men know it. Socialism is competition without prizes, boredom without hope, war without victory, and statistics without end. It takes the heart out of young men. It is not only politically false but morally destructive.

Socialism is inevitably immoral, for it strikes at the very root of any sort of system of ethics—it discredits the dignity and significance of man. Socialism is whatever fashion does not eradicate but rather magnifies the faults of individualism. It guarantees that which it cannot fulfill.

There is no escape from the simple fact that welfare in the long run is

not an economic but a moral matter. And unless we rear a generation intent on its obligation as well as its rights, we shall be beset by the social "dry-rot" of personal irresponsibility.

To the preservation and enrichment of the ideals which have made this land the greatest economic power the world has ever known, we need to commit ourselves again. Not just to preserve the might of our financial heritage, but to build upon the ashes of burnt out hopes the strong and good society; that is strong and good for the very simple reason that it is composed of strong and good men, men who are at liberty.

Gentlemen, in closing may I say that from the bottom of my heart there flows a true gratitude to you who have trusted me to this high office, and as the years roll by I shall always treasure it as one of the happy services I was able to render.

Read before the Second District Dental Society
September 19, 1949—Charlotte.

BEWARE OF THE PITFALLS THAT LIE AHEAD

C. H. Teague, President



Dr. Teague

Mr. Vice-President, fellow members of the Third District Dental Society, Ladies and Guests: I wish to welcome you to this twenty-ninth annual meeting of the Third District Dental Society and to extend a most cordial welcome to visiting members from other districts and out of state guests.

May I take this opportunity to express my sincere and deepest appreciation for the high honor you have bestowed upon me, because no one knows my limitations better than I know them myself. Until today I feel that someone else might have served you in a more efficient way. Because of the fine work done by the officers and various committees, the work of

the president has been very simple. It is easy to be president when others successfully plan and shoulder the responsibility of the meeting. For this loyalty and cooperation, I am indeed grateful. And you by your presence contribute encouragement to those who have worked to give you a worthwhile program.

During the year your officers and various committees have met and transacted all business, together with the planning of this meeting. We were most fortunate in securing Drs. Slack, Pankey and Calaway to appear as guest essayist and clinicians on our program. I wish to thank them for giving so freely of their time, talent and ability. We deeply appreciate your sacrifices in the behalf of better dentistry.

To the new members we extend a hearty welcome. May I impress upon you the importance of your membership in the District and State Society of attending all meetings, and accepting any task you might be called upon to perform. The future of these societies will in coming years depend upon you, not only to maintain our high professional standards, but to raise them even higher. Feel free to your problems with your fellow members, seek and sustain close harmony with your neighboring dentist.

It is worthy to note the new and added zeal demonstrated by the profession in the past year, their desire for additional knowledge, in theory and clinic, by attending the various meetings and clinics, local and national. I have only to mention a few.

There were estimated eighty North Carolina dentists registered for the Greater Washington meeting last March. At our State meeting in Pinehurst all attendance records were broken, not only for North Carolina but for the South. True, there were good and interesting programs, but the urge to improve oneself is most evident. The economic conditions for the past few years has enabled these record attendances and I hope they may be maintained that way.

Along the line of Dental education much is in store for us in the coming months. I mention first, the Telephone Extension Course given by the University of Illinois. Those who are enrolled heard on the evening of October, one of the finest and most interesting discussion on "Recent Advances in Caries Control." This subject was under no less authorities than Drs. Bibby, Fosdick, Jay, Kesel, Knuston, and Younger, the boys "in the know." Many went for a dull evening, but were present when curfew fell around eleven o'clock. There are seven lectures comprising the course, and I believe those who have not come in, may still avail themselves the opportunity.

Plans are being formulated, if not already perfected to resume the post graduate Extension Courses. Similar to those sponsored by the State Society several years ago, in cooperation with the University of North Carolina. These courses have met a very source of knowledge that he otherwise would have to obtain elsewhere. I recommend your wholehearted support to these enterprises. We have the chairman of the extension committee who I am sure will bring us up to date on the subject.

You have read the full report by Dr. C. W. Sanders, Past President of the North Carolina Dental Society,

on the new Dental School, and there is little to discuss here. But I feel this paper would be incomplete without mention in praise of all those who have worked so diligently in its cause. To use his words:

"There were many guiding and inspirational spirits in this great enterprise and one of the greatest and most enthusiastic was Dr. H. O. Lineberger who served as chairman of our Dental College and Legislative Committees. Those who worked faithfully and served as chairman of our Dental College and Legislative Committees. Those who worked faithfully and served effectively in selling the school to the citizens of North Carolina, even before our 1949 Legislature convened, are too numerous to mention. However, it is to each member of this society from all sections of the state that credit is due for securing this school."

In the early stages of development, the profession was more concerned with repairative dentistry, whereas during the past few years, its biological significance has been recognized and the emphasis tends to shift from one of repair to that of prevention of Dental diseases. I believe that we in this district are rendering a fine dental service to our patients, but are we taking sufficient time to educate them in the proper care of their mouths, and of their childrens mouths, the progress of fluorine therapy and other preventative measures, besides furnishing them the best prophylactic and restorative services. Sufficient scientific evidence is now available to justify the continued use of 2 per cent sodium fluoride to the teeth of children under fifteen years of age. We will know the answer in a few more years, as to whether or not we can recommend the fluornation of all public water supplies as a caries

control measure, since a large scale study is now underway to test the practicability, however, that half or less of the people in our state use public water supply.

Under a newspaper date line of October 25th, 1949, headed from Palm Springs, California, Dr. Robert G. Kesel, Professor of Dentistry of the University of Illinois and a pioneer in the development of ammoniated dentifrices lecturing before hundreds of fellow dentists at the sixth annual Dental-Medical Seminar, announced a chewing gum containing dibasic ammonium phosphate and urea, the bacteria killing ingredient found in many tooth powders and pastes on the market today. Incidentally, it is one of the oddities in dentistry, that after all these years when dentists have so diligently urged the same toothbrush, no one has undertaken to conduct studies to determine to what extent caries can be prevented or controlled by a thorough technique of toothbrushing. We are living in an interesting period in dentistry's fight against dental caries. With continued studies and efforts, we will be rewarded in the future.

For the past few years the proponents of Compulsory Health Insurance have worked strenuously, but unsuccessfully, to reach their goal. We are all too familiar with the bills that are now in Congress for consideration and action; such action will be governed by the pulse of the public as felt by our Congressmen. Let us as individuals take the opportunity to inform those with whom we come in contact of the care they receive under the present system compared to that received under socialized systems. Magazine articles portray pretty word pictures of the free services offered to the subjects of Great Britain, Germany, New Zealand and others,

but as stated by the British Dental Association, the program at its best is only a repair service for the middle-aged and elderly with a priority service for the young which is woefully incomplete. It is also stated that the dental service rendered the children of Great Britain is even less satisfactory than the modest service rendered prior to the adoption of the Health Insurance act. Let us remember the contention of the American Dental Association, that the answer for rendering ample service to the public is a program based on research, education, and dentistry for children.

Much progress has already been made in all phases mentioned, and continued progress will result in revolutionary changes in the dental health picture of the nation. Should, however, the profession of dentistry become subject to regimentation by the government, I believe that all thinking persons will agree that professional standards will rapidly deteriorate and our individual incentives for rendering personalized professional services will disappear.

May I submit the following recommendations for the consideration by the society:

As before mentioned, your wholehearted support to the Telephone Extension course now in progress, and the University of North Carolina Extension course which is to begin in the near future.

That a committee be appointed to write a history of the Third District, when organized, officers by years, and members. That if accurate records are not available, such information be obtained from the members or any other reliable sources, and said committee be retained until completion.

That closer attention be paid in the future to valuable essays presented

before the Third District Society, and that the secretary secure proper bindings that these subjects might be preserved for future reference.

This year a change of time for election of officers is being inaugurated by approval of the executive committee. Prior to this time officers have been elected at the closing of the meeting at a time when only a few members were present. In order to make this more democratic and representative, the time has been changed to follow the banquet. I recommend the continuance of these plans if they

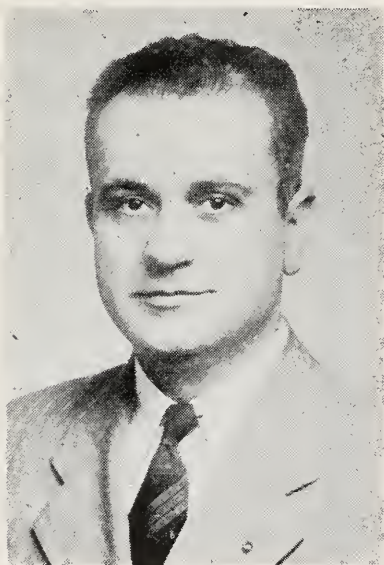
prove successful. Also a full two day program similar to this year, if the attendance justifies.

I could not feel worthy of the confidence and honor this office carries with it should I not publicly acknowledge the council and guidance of my friends who have offered their assistance. Of the officers and committees who have given of their time and help throughout the year. I wish to express to all of you my sincere appreciation and thanks for your co-operation and support.

Read before the Third District Dental Society, October 30, 1949—Southern Pines

GREATER NEED FOR PREVENTATIVE DENTISTRY

J. J. Tew, President



Dr. Tew

Mr. Vice-President, Fellow Members of the Fourth District Dental Society and Guests: I wish to extend my personal greetings and a most cordial welcome to each of you gathered here for this annual meeting of the Fourth District Dental Society. Your presence is greatly appreciated and I feel that it will mean much to you and this society.

Your program committee under the leadership of Dr. J. W. Whitehead has striven to bring you a program that is both pleasing and instructive. I feel sure that at the close of the day you will agree that this committee has succeeded in its endeavor.

I wish that all of you could have been here last night for the banquet and entertainment. Dr. K. L. Johnson and other members of the entertainment committee are to be congratulated on the splendid job they

did in making the social part of our meeting a success. I feel that this part of our meeting is extremely important in that it gives us a better opportunity to become acquainted with more of the members and their wives or sweethearts and also puts us in a better frame of mind for the scientific and business sessions of our meeting. Therefore, I recommend that each of us strive to attend the banquets and entertainment of our future annual meetings.

Since our last annual meeting, much progress has been made in the field of dental education in North Carolina, and the members of the North Carolina Dental Society, of which we are a part, have realized a degree of its efforts of several years work. All of you are aware of the conditions which have prevailed in our state regarding dental education for the past several years. Many of our qualified and deserving young men and women have been denied the privilege of obtaining a dental education because we in North Carolina had not provided a school for them. In the past we have depended entirely on dental schools in other states to train our young men and women who were to guard the dental health of our citizens. In the very near future this will no longer be the case due to the combined efforts of the Dental College Committee of the North Carolina Dental Society, the society members as a whole, lay friends, and members of the General Assembly. By action of the 1949 Legislature the establishment of a dental school at the University of North Carolina in Chapel Hill was authorized and appropriations made for same.

I am so proud to mention that the members of the Fourth District played a great part in this movement. Our own Dr. H. O. Lineberger was chairman of the Dental College Committee

and three other members of this district served on the Committee. There were many others of this district who played roles of leadership and the membership as a whole gave its whole-hearted support. All of you are to be congratulated on a job well done. Now, that we have a dental school which is scheduled to begin operating in the near future it is up to us to do all we can to make it one of the best in the world. The United States of America leads the world in dental education and we want North Carolina to do her part in helping America keep this lead.

According to certain dentifrice advertisements we can now brush our dental troubles away as far as caries is concerned. We have seen articles in our lay publications with big headlines such as: "Dental Decay Banished." Now let's not any of us dispose of our dental equipment for there is still evidence of much work to be done for many years to come.

Much research is being done in the field of preventive dentistry and some theories look promising while others have been fairly well proven to have some merit. It is hoped that experiments now being conducted and others to follow will bring forth great results. There has never been a greater need for preventive dentistry than the present. It is my personal belief that incidence of dental decay among children between the ages of four and twelve years of age has increased yearly for the past several years. If this is the case it is probably due to an increased income which in turn enables many to indulge in certain food and drink luxuries which are known not to be conducive to sound teeth.

The method and agent which has been proven to have merit in preventing tooth decay is now being used as

widely by us as we would like. I refer to the use of 2% solution of sodium fluoride. Most of us are so busy repairing damages already existing that not enough time is left to treat many patients for prevention. I feel that all of us are doing all we can in this field but much help is needed. If this is to reach the desired goal, I feel that it can best be done by the public health dentists in our public schools. I hope that in the very near future the personnel of the Oral Hygiene Department of the State Board of Health and also county boards of health will be sufficiently increased to apply this preventive to the teeth of all our children who have not been treated by their private dentist. Even if we had a sufficient number of dentists in private practice to take care of this work it is not likely that a large percentage of our children would receive the service. Many parents are not sufficiently interested to have it done while others are not financially able to pay for the service.

If the dental health of our citizens is improved we must educate the public regarding dental health and this can best be done by starting with our children of today who will be adults and parents of tomorrow. This educational program as I see it can best be carried out by public health dentists and others working with our school children from the first grade and on through their school years. Much stress should be given to proper diet, periodic dental examinations and correction as well as proper cleansing and use of proven preventive agents. Any knowledge imparted to the children will find its way to the adults in due time.

Any meeting of members of organized dentistry and medicine in the United States of America at this time would naturally be expected to think

and give some discussion to the subject of compulsory health insurance. All of you are familiar with the proposed national health program called by many names such as: National Health Insurance, Compulsory Health Insurance, Socialized Medicine and probably others. The sponsors of this proposed program would have us believe that the program, if enacted into all, would provide adequate health care for all people covered by its provisions and at a cost much lower than they would have to pay under the present system. We know that this is not the case. It has not been the case in countries where such a program has been tried and in those where it is now being tried. How could anyone expect America to be an exception?

It would be a waste of your time for me to try to explain this program and point out its weak spots to you. So much has already been said about it both pro and con that there really isn't anything new to say. I am sure that all of you are well informed on the subject by now. All organized dental medical groups have gone on record time and again as being opposed to this program. Copies of resolutions have been sent from these groups to the Senators and Representatives from the particular areas represented. It would seem that they (the Senators and Representatives) are now aware that organized dentistry and medicine is opposed to this program. Now, I wonder if your Senators and Representatives know how you as an individual stand on this subject? Have you written them your views and solicited their support in the fight to keep American dentistry and medicine free? It is well to take action as a group but without the action of individual members of the group as a follow up we cannot hope to gain much.

The two main groups in favor of compulsory health insurance seem to be (1) ambitious politicians and (2) a misinformed public. It is up to us as individual members of the dental profession to properly inform the public in our respective communities. Also spread the word to any and all people with whom you come in contact and have the time and occasion to speak to on this subject. I believe if we present the facts to the leaders of our communities they will be glad to help us in our effort. Again, may I remind you to be sure to write to your Senators and Representatives and urge them to vote against compulsory health insurance, or any undemocratic health program that may be brought before the United States Congress.

Now getting back to our own backyard, I would like to think for a while on the condition of our society regarding finances. During the war years this society became top-heavy with military members and life members neither of which were required to pay dues. Our treasury became so depleted that it was necessary to take a voluntary offering at one annual meeting to meet expenses. After that year a custom of charging a registration fee of two dollars (\$2.00) was instituted. This registration fee along with membership dues has been barely sufficient to keep us going along without undue financial strain. The registration fee has been discussed and some thought of abolishing it has been considered; however, I feel that this fee will have to be charged to all members attending the annual meetings until such a time comes when the dollar value is nearly normal or until membership dues are raised. I had at one time considered recommending a vote to raise the membership dues at this meeting to become effective January 1, 1950. I feel that to raise

the membership dues and abolish the registration fee would be more in keeping with the original aims of this society.

At the annual meeting of the North Carolina Dental Society at Pinehurst in May of this year President Sanders recommended that the Constitution and By-Laws of the North Carolina Dental Society regarding life membership be changed to conform to the A.D.A. Constitution and By-Laws. Without going into detail the changes would mean that any state life member who cannot meet A.D.A. life membership specifications would begin paying full membership dues. Henceforth no person will become a life member until he or she had been an active member and in good standing for thirty-five (35) years. The House of Delegates gave approval to this recommendation. If and when final favorable action on the recommendation is taken this district and the other district societies will benefit to some extent in a financial way since more money would be collected from membership dues but not sufficiently for this society to abolish the registration fee immediately. I mention this because I feel that the membership of this society should have time to contemplate any change from our present system.

I would like now to summarize my recommendations as follows:

1. That we will strive in the future to attend the social part of our annual meetings.
2. That all of us do all we can to make our North Carolina Dental School one of the best in the world.
3. That each of us do all we can to increase the use of proven methods of dental caries prevention.
4. That each member of this society do his part as an individual to

defeat compulsory health insurance and any other proposed undemocratic health program.

In conclusion, I would like to say that it has been a pleasure to serve as your president for the past year. I am very grateful to you for the honor and privilege of serving. No one could ask for better cooperation than I have had from all of you and I thank you from the bottom of my heart. I wish to thank the other officers and various committee members for the splendid work they have done in carrying on the affairs of this society for the past year. I especially wish to thank our Secretary-Treasurer, Dr. Paul T. Harrell, for the splendid job

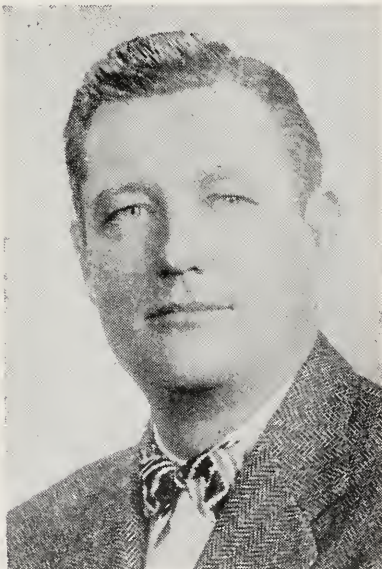
he has done. You could not have elected a more willing and capable Secretary-Treasurer. I especially wish to thank the members of the Entertainment Committee and the Program Committee and the many others who have made this meeting possible.

I am sure that all of you join with me in thanking the essayists and clinicians who are appearing on our program today for their time and efforts spent in bringing to us valuable information in the field of dentistry. I am sure that each of us can carry some of this information home with us and use to advantage in our daily practice.

Read before the Fourth District Dental Society, September 26, 1949—Raleigh

DEMOCRACY FUNCTIONS BEST AT THE GRASS ROOTS

C. D. Eatman, President



Dr. Eatman

It is with a deep sense of appreciation of the confidence bestowed in me when elected to the presidency that I say it has been a privilege to serve and represent you.

The duties and responsibilities of the president of this organization are increasing with each succeeding year as are also the duties of the other officers. The continued growth of the organization and recognition of its usefulness are not, however, without obligation. Each additional relationship extends our influence but at the same time creates responsibility and administrative problems and duties for the officers. The appropriate performance of these duties calls for talents of high order to elevate the profession in the public esteem, to advance its standards, and to promote

its ideals. As one contemplates these matters of relationship and responsibility he realizes the importance of vision of dentistry as an agency for human service.

It is difficult, I realize, for the average personal practicing dentist to assume the share of responsibility which is justly his and to assume active participation involved in finding solutions to our problems. Consequently, as our problems have grown in number and also in matter of importance, officers and committee men have been required to bear the brunt of what should otherwise be the assuming of responsibility by all individual members of our association. It should not be necessary for personal practicing dentists to be officers or members of committees before they can develop a realization of the importance and implications of the profession's problems. There is indeed too little awareness among our own members of the impending consequences should the professions be overwhelmed in the surging trend toward socialization. There is much that can be accomplished and just as much that must be accomplished if the public is to be fully aware of the condition that impends for them if personal practice is seriously interfered with. Surely the experiences of others should prompt us to be aware to the extent that we can create an informed public opinion which will after all be in the public interest. I cannot urge too strongly, therefore, that individual dentists school themselves in the problems of the profession to the extent that they can contribute to the educational pro-

gram so essential to the creation of proper understanding and appreciation of personal professional attitudes.

We must assume our responsibility not only to the individual patients we serve but also to the communities in which we live to the end that through sharing this responsibility with others, dental health for all the people may be met on an individual or community basis. Basically it is wrong for us to look beyond the boundaries of the communities in which we live for this help. Practically it may be necessary for us to do so. In such an event we should keep always before us the desirability of meeting responsibility as individuals. Should those unfortunates who cannot thus meet their obligations find it necessary to seek assistance, it should be sought from the community, state, and federal agencies in that order.

We have reason to be proud of our accomplishments as our State Association also has reason to be proud of the manner in which it has considered problems of the profession and the dental health of the people. Since democracy functions best at the grass roots, however, we should re-examine our local situations in the district and in communities of the district to determine our responsibilities as a profession and to direct intelligent thinking toward practical solutions. We should expect society to look to us for assistance since after all, we are by education and legal entitlement the only agency to whom community groups can look for consultation and guidance in dental health matters.

Read before the Fifth District Dental Society,
September 25, 1949—Washington

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1949-50

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DISTRICT'S NEWS

From the Second

Thanks to Dr. Donald Kiser and his committees for the fine District meeting held in Charlotte on September 19th and 20th. It was one of the best meetings we have ever had in the Second District. The program, headed by Dr. Z. V. Kendrick, was outstanding with Dr. LaMar Harris of Chicago on acrylics.

Our thanks goes to Dr. J. H. Guion and his clinic committees for arranging the very fine table clinics. The entertainment committee, headed by Dr. V. B. Kendrick, did a bang-up job, the banquet and the speaker was top-notch. The meeting was well attended, one hundred and sixty-six dentists and their wives registered for the two day meeting. We are hoping there will be an ever larger attendance at our meeting in Winston-Salem next year.

We are saddened by the loss of two of our most outstanding dentists in this district during the past year; Dr. J. C. Pennington of Thomasville and Dr. R. L. Reynolds of Lexington. They will be greatly missed in our district.

I understand that the fellows in Cabarrus County are making plans for a big Christmas party. Yes, they plan to let their wives in on this one . . . The Davidson County Dental Society met in Lexington on November First at which time Dr. Riley E. Spoon of Winston-Salem gave a clinic on the new filling material "Kadon." This being a new acrylic filling material used in anterior restorations. Several visitors were at the meeting including Dr. Amos Bumgardner and Dr. John Pharr of Charlotte, Dr. Frank Kirk of Salisbury, and Dr. Joe V. Davis of Concord . . . The October meeting of the Forsyth County Dental Society was ladies night. The meeting was held at the Bethabara Moravian Church, Old Town, North Carolina . . . At the November meeting of the Forsyth County Dental Society Mrs. Dona McNair of the Dairy Council of Winston-Salem gave a short talk on the work of the Dairy Council. At this meeting the members heard a wire recording of the talk made recently in Greensboro by Mrs. Ernestine Becker McCollum. The subject of her talk was "Nutrition in Relation to Oral and Dental Health." Mrs. McCollum is associate professor in the Biochemistry department at Johns-Hopkins University.

The following new men were elected to membership in the Second District Dental Society: Drs. Clarence F. Biddix, Charlotte; Edwin Cuthrell, Thomasville; Henry C. Harrellson, Charlotte; Robert H. Libby, Charlotte; William S. Kirk, Salisbury; L. Doyle Pruitt, Elkin; Robert G. Taylor, North Wilksboro; Robert W. Timberlake, Winston-Salem; and Joel Sherrod Williams, Statesville. Dr. Kirk is the son of Dr. Frank Kirk of Salisbury, and Dr. Pruitt is the nephew of Franklin and Amos Bumgardner of Charlotte. Welcome into the Society all of you fellows, we are glad to have you as new members.

Congratulations to Dr. and Mrs. Robert A. George of Mount Airy upon the birth of a son . . . and to Dr. Hylton K. Crofts upon being elected President of the James R. Cameron Society of Oral Surgeons of the Pennsylvania Hospital. Dr. Crofts, of Winston-Salem was elected their president at the annual meeting in Philadelphia the last of October . . . Dr. Dwight Jackson and Dr. Eva Carter Nissen of Winston-Salem have returned from New Orleans

where they attended The Southern Association of Orthodontia. Also attending this meeting were Dr. Amos Bumgardner, Dr. Olen Cwen and Dr. Henry Harrellson from Charlotte. The meeting convenend in New Orleans last of October . . . Down Statesville way in October at the local meeting Dr. John Pharr of Charlotte gave a clinic on root canal therapy. President-Elect of the State Society, Dr. Amos Bumgardner of Charlotte also made a few remarks. Their November meeting was given over to a business meeting . . . Their December meeting will be on Acrylics, with Dr. A. C. Current as clinician—W. F. Yelton, District-Editor.

From the Third

Dr. R. A. Wilkins was a patient at Duke Hospital in October and we are glad that he is out and well on his way to recovery . . . Dr. John Stephens, a Maryland graduate, has opened offices in Burlington . . . Dr. Jim Henson and good wife of Greensboro announce the arrival of a new baby boy. Probably another dentist in the making . . . Dr. Frank Atwater and Mrs. Atwater, also of Greensboro, were blessed with a fine baby girl . . . Dr. and Mrs. W. K. Griffin, of Duham, announce the arrival of their fourth child. It looks like there will be no rest for him.

Third District members attending the A. D. A. meeting in San Francisco were: Dr. and Mrs. L. G. Coble, Drs. C. C. Poindexter, E. M. Medlin, and M. R. Evans. We are all proud of our own Dr. Clyde Minges who presided with distinction and honor at this meeting.

The Durham-Orange and the Guilford County Dental Societies are the two centers in this district that are receiving the Telephone Extension course sponsored by the University of Illinois College of Dentistry.—M. R. Evans, District Editor.

From the Fifth

The members of the Kinston Dental Society held their October meeting in the office of Dr. Louis Dupree, Monday, October 17th, 1949 . . . The Wilmington Dental Society held their October meeting October 12th, 1949, having a very enjoyable oyster roast down at Uncle Henry's . . . Friends of Sandy Marks will be pleased to know of the splendid work he is doing as a dental missionary. Last reports are that he and his family are doing well but working hard. One of Sandy's projects for the Fifth District has been realized too—the purchase of a projection machine for the District . . . Several members of the District attended the National meeting in California including our National President, Dr. Clyde Minges.—C. D. Johnson, District Editor.



Photoflash from Fifth District
Meeting
by C. B. Johnson

Left: Clinician, Dr. E. B. Nutall

Right: Dr. Dan Wright and
Dr. Clyde Minges



Right: Dr. A. S. and L. F.
Bumgardner

Extreme Right: Dr. Lilley introduc-
ing two new members



Left: Dr. Walter T. McFall
Right: Dr. H. E. Butler,
incoming president



MINUTES
NORTH CAROLINA DENTAL SOCIETY
MEETING EXECUTIVE COMMITTEE
SELWYN HOTEL
SUNDAY, AUGUST 18, 1949

The Executive Committee met Sunday afternoon at two-forty with the following members present:

Dr. A. C. Current, Chairman
Dr. Paul Fitzgerald
Dr. S. P. Gay
Dr. Walter T. McFall, Ex-officio
Dr. Amos S. Bumgardner, Ex-officio
Dr. R. Fred Hunt, Ex-officio

Others present were: Drs. John Pharr, F. A. Alford, B. McK. Johnson, Homer Guion, N. P. Maddux, Olin Owen, and Z. M. Stadt.

The minutes of the last meeting held by the Executive Committee in Greensboro, July 24, 1949 were read by the secretary. In order to bring these minutes up to date, it was noted that Dr. F. O. Alford was to secure a ruling from Mr. Harry McMullen, Attorney General, regarding the topical application of Sodium Fluoride by dental hygienists in North Carolina.

Dr. Alford reported that he called Mr. McMullen twice and that he was out of his office each time.

Dr. Alford had attorney I. M. Bailey contact Mr. Moody, Assistant Attorney General. Mr. Moody informs Dr. Alford, through Mr. Bailey, that it will require some study before an opinion can be rendered. Mr. Bailey is to advise Dr. Alford and Dr. E. A. Branch as soon as he receives a ruling from the Attorney General's office.

Motion by Dr. McFall, seconded by Dr. Bumgardner and carried that with the above correction the Executive Committee minutes of the July 24th meeting be approved.

Dr. Stadt made quite a lengthy talk advocating the following:

- 1—That dental hygienists be permitted to apply Sodium Fluoride in North Carolina.
- 2—That the United States Public Health Teams be invited to visit our state.

He also advocated the organizing of a school for the training of dental hygienists in North Carolina.

Motion by Dr. Bumgardner, seconded by Dr. Fitzgerald and carried that we hold in abeyance our decision until we have the report or ruling from the Attorney General's office.

Dr. N. P. Maddux, Chairman of the Clinic Committee and Dr. Olin Owen, Chairman of the Entertainment Committee, were recognized and briefly outlined their plans for the next annual meeting.

Dr. Hunt called the attention of the Executive Committee to Exhibit "B" in the annual audit. He presented correspondence with the auditor which shows that a number of the items were charged to the expense of the 1949 Pinehurst Meeting which should have been in another category.

Below is a list of the misplaced items:

Ballots	\$ 72.60—These were not used for the 1949 meeting and are to be charged to meeting where used.
Booth Rentals	\$ 600.00
Installation Booth	585.00—These four items represent the Exhibit.
Exhibit Space	195.00—Account which is figured separately from the Convention expense.
Postage, etc.	53.50—Spent during year and not for meeting.
Honorarium	220.00—Paid to Dr. Horner-Dental College Committee Repaid to N. C. D. S. by University of N. C.
Miscellaneous	47.40—Spent during the year and not for the Convention.
	<hr/>
	\$1788.50

Motion by Dr. Fitzgerald, seconded by Dr. McFall and carried that Dr. E. M. Medlin and Dr. J. H. Guion be appointed as alternate delegates to replace Dr. C. W. Sanders and Dr. J. Donald Kiser who will be unable to attend the Sanders and Dr. J. Donald Kiser who will be unable to attend the San Francisco meeting.

Dr. McFall read a letter from Mr. Robert Scott, of the North Carolina Industrial Commission, regarding the fee schedule.

Motion by Dr. Bumgardner, Seconded by Dr. Fitzgerald and carried that a committee be appointed to confer with Mr. Scott.

The secretary announced that the official N. C. Dental Society headquarters will be at the Mark Hopkins Hotel in San Francisco during the American Dental Association meeting, October 17th-20th.

The secretary reported that a letter had been sent to Dr. Sandy Marks, Missionary to the Belgian Congo, as directed by the House of Delegates at the 1949 meeting. Dr. Marks was notified that his dues to the N. C. Dental Society would be suspended so long as he remained in the missionary service.

Dr. Bumgardner reported for the Executive Committee of the Dental College Advisory Committee to the University of N. C.

The meeting adjourned at six o'clock.

R. Fred Hunt, Sec.-Treas.
North Carolina Dental Society

ANNOUNCEMENTS:

North Carolina Dental Society will hold their ninety-fourth anniversary meeting May 18, 19, 20, 1950 at the Carolina Hotel, Pinehurst. R. Fred Hunt, Secretary-Treasurer, Rocky Mount.

South Carolina Dental Association meeting will be held at the Jefferson Hotel in Columbia on May 7-9th, 1950, and we hope that many of you North Carolina fellows will attend. Dr. C. E. Saunders is Directing Secretary and Dr. John Gunter is Commercial Secretary. They have promised a fine meeting and I know we will have a big time. Dr. J. R. Owings, Secretary, Greenville.

The Thirty-Seventh Annual Meeting of the Thomas P. Hinman Mid-Winter Clinic will be held at the Municipal Auditorium, Atlanta, Ga., March 19, 20, 21, and 22, 1950. General Chairman: Dr. Sidney L. Davis, 932 Candler Bldg., Atlanta, Ga. Exhibit Chairman: Dr. J. A. Broach, 1105 Doctors Bldg., Atlanta, Ga.

The 18th Annual Postgraduate Clinic will be held March 12-15, 1950, at the Shoreham Hotel, Washington, D. C. All Communications should be addressed to Mr. Walter Holland, Executive Secretary, D. C. Dental Society, 1835 Eye St. N. W., Washington, 6, D. C.

Chicago, Aug. 1949—Four dental societies in North Carolina are participating in a novel telephone extension course which is offered by the University of Illinois, College of Dentistry.

The societies are: Buncombe County Dental Society, Asheville; Charlotte Dental Society, Charlotte; Guilford Dental Society, Greensboro; and Raleigh Dental Society, Raleigh. A large number of dental groups from coast to coast will participate in the course, entitled "Current Advances in Dentistry."

Dr. Clyde E. Minges, of Rocky Mount, N. C., A. D. A. president, was awarded the honorary degree of LL.D. from the University of Louisville at its annual spring commencement exercises June 13, 1949. The ceremonies marked the conclusion of the school's 151st year. The degree was conferred by Dr. John W. Taylor, president of the University, who read the following citation: "Clyde E. Minges, dentist, administrator, distinguished alumnus of the University of Louisville, officer of numerous states, national, and professional organizations, lecturer, public health official, consultant to the Surgeon General of the United States Army, recipient of many honors and awards, fellow of the American College of Dentists, fellow of the International College of Dentists, now president of the American Dental Association." Dr. Minges was graduated from the dental school of the University of Louisville in 1919.

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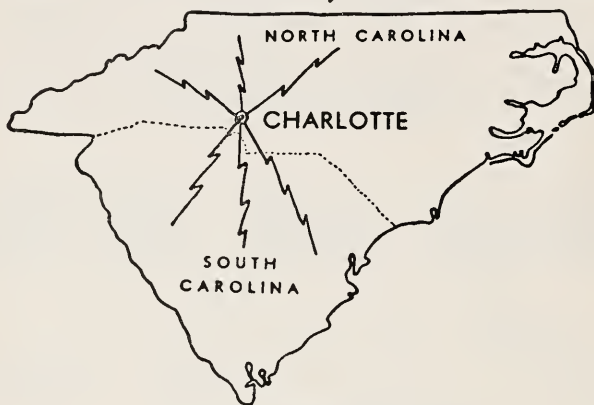
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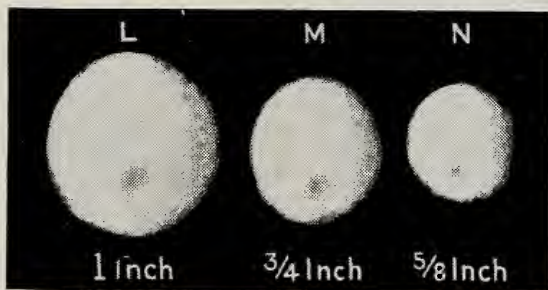


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NORTH CAROLINA DENTAL SOCIETY





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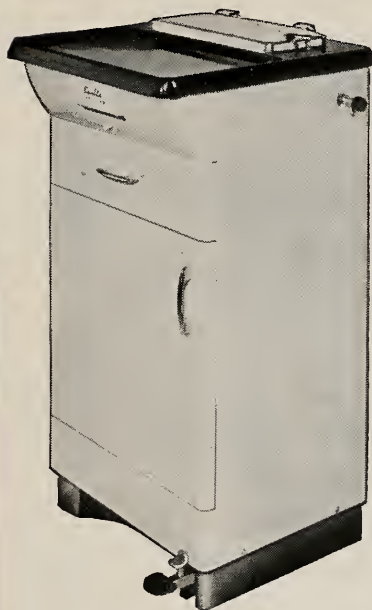
A Trupontic was used for the dummy and the was assembled and soldered. Abutments completely finished, porcelain fused and case soldered in normal procedure without fear of porcelain fracture.

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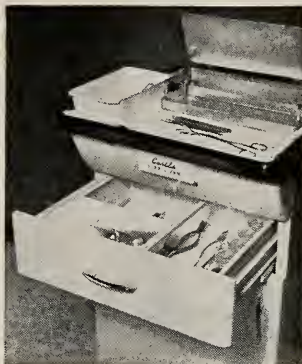
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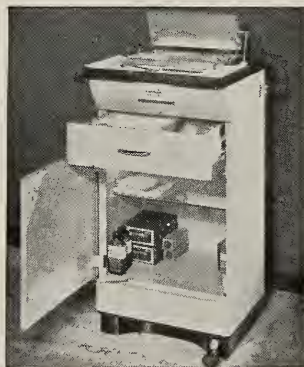
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THE PROGRAM AT A GLANCE

Wednesday, May 17th

1:00
Golf Tournament
7:30
Golf Dinner
8:00
Registration—Foyer, Carolina Hotel
8:30
Meeting House of Delegates

Thursday, May 18th

MORNING	AFTERNOON	EVENING
8:00 Registration	2:00 Dr. Wm. A. Garrett	6:00 Dinner
9:00 General Session	3:30 Dr. Frank O. Alford	7:30 Dr. John C. Brauer
10:30 Dr. John B. LaDue	3:45 Dr. Frank F. Lamons	8:00 Dr. Hamilton B. G. Robinson
12:00 Dr. J. E. John	4:30 House of Delegates	
12:15 Mr. Francis J. Garvey		
1:00 Lunch		

Friday, May 19th

MORNING	AFTERNOON	EVENING
8:00 Breakfast Meetings	2:00 Dr. Wm. A. Garrett	6:30 Annual Banquet
9:30 General Clinics	3:00 Dr. Hamilton B. G. Robinson	8:00 General Session
12:00 Lunch	4:00 Dr. John B. LaDue	10:30 Dance

Saturday, May 20th

9:30
House of Delegates
General Session

THE BULLETIN

of

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

Officers 1949-50



Valter T. McFall, President
Asheville

Amos S. Bumgardner,
President-Elect
Charlotte

J. W. Branham,
Vice-President
Raleigh

R. Fred Hunt, Secretary
Rocky Mount

VOLUME 33

APRIL, 1950

NUMBER 4

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L. Franklin Bumgardner, Editor
Charlotte

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and November 10.

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N. C.



Program

Carolina Hotel, Pinehurst

May 17-20, 1950

Wednesday, May 17

- 1:00 P. M. Golf Tournament
7:30 P. M. Golf Dinner—Movie, Prizes, Awards
8:00 P. M. Registration—Foyer, Carolina Hotel
8:30 P. M. Business Session
Meeting House of Delegates, Report of Committees, Etc.

Thursday, May 18

Visit Exhibits

8:00 A. M. Registration

9:00 A. M. General Session

Invocation.....Rev. T. J. Whitehead, Page Memorial Methodist Church, Aberdeen

Address of Welcome.....Richard S. Tufts, Pres., Pinehurst, Inc.

Response.....Darden Eure, D.D.S., Morehead City

President's Address.....Walter T. McFall, D.D.S., Asheville

Report Necrology Committee.....Victor E. Bell, D.D.S., Raleigh
Fraternal Delegate

Medical Society of N. C.....Amos N. Johnson, M.D., Garland

Introduction of Visitors.....C. C. Poindexter, D.D.S., Greensboro

Visit Exhibits

10:30 A. M. Lecture: "Principal Factors in Full Denture Service"

JOHN B. LADUE, D.D.S.....Chicago, Illinois

Synopsis: Presentation will cover diagnosis, impressions, registration of centric relation, occlusion, posterior tooth form and esthetics.

12:00 Noon Greetings of the Fifth District Trustee.....J. E. JOHN, D.D.S.
Roanoke, Va.

12:15 P. M. Lecture: "The Congress and Dentistry"

FRANCIS J. GARVEY, Executive Secretary to A.D.A., Council on Legislation.....Chicago, Illinois

1:00 P. M. Lunch

Visit Exhibits

2:00 P. M. Lecture: "Practice Management"

WILLIAM A. GARRETT, D.D.S.....Atlanta, Ga.

Synopsis: Extreme care should be exercised in adopting procedures in the field of Practice Management. You must be governed by the ethics of your profession, your inherent and fundamental honesty, and a firm determination to serve your patients well. I will discuss basic factors which must be accepted and considered, in order to establish a sound professional reputation and develop a successful professional career, thereby, assuring reasonable economic security.

3:30 P. M. Remarks: "Pertinent Facts About the Dental Law in North Carolina"
 FRANK O. ALFORD, D.D.S., Secretary, State Board of Dental Examiners.....Charlotte

3:45 P. M. Lecture: "Caring For Growing Mouths"
 FRANK O. LAMONS, D.D.S.....Atlanta, Ga.
 Synopsis: Individuals "grow up" dentally. Dentists have the responsibility of helping children reach maturity with sound, healthy, well-functioning teeth. This responsibility requires regular and painstaking attention to take care of dental defects, diseased conditions, and growth problems which may arise. The conscientious carrying-out of this responsibility constitutes **adequate** dental care.
 Five critical caries ages will be discussed and suggestive operative procedures will be recommended. Color slides will be used to illustrate the lecture.

4:30 P. M. Meeting House of Delegates
 Final Report of Committees
 Visit Exhibits

6:00 P. M. Dinner

7:30 P. M. DR. JOHN C. BRAUER, Dean Dental School, University of North Carolina

8:00 P. M. Lecture: "Differential Diagnosis of Oral Lesions"
 HAMILTON B. G. ROBINSON, D.D.S.....Columbus, Ohio
 Synopsis: The diagnosis of oral lesions is a problem which confronts the practitioner of dentistry in every phase of practice. The approach to diagnosis is similar whether one is concerned with diseases of the teeth, the gingivae, the oral mucosa, the tongue, the jawbone or other areas in the dentist's region of treatment.
 In order to illustrate the methods of differential diagnosis of oral lesions Kodachrome slides, radiographs and charts will be used to show the differences between such lesions of the teeth, as erosion, abrasion, attrition, hypoplasia, mottled enamel, dentinogenesis imperfecta, and amelogenesis imperfecta, and such lesions as of the gingiva as Vincent's infection, neoplasia, leukoplakia, lichen planus and traumatism. The purpose of the discussion is to show the methods of diagnosis and also to illustrate the specified diagnosis of certain lesions.

Friday, May 19

Visit Exhibits

8:00 A. M. Past President's Breakfast—Stag Room, C. W. SANDERS, D.D.S.
 Toastmaster

District Officers Conference— Children's Dining Room—AMOS
 S. BUMGARDNER, D.D.S., Presiding

New Members Breakfast—Crystal Room, WALTER T. McFALL,
 D.D.S., Toastmaster

9:30 A. M. General Clinics—Ball Room

ENDODONTIA

"Indication and Utilization of Root Canal Therapy"
 J. B. FREEDLAND, D.D.S.....Charlotte
 "Endodontia"
 J. R. PHARR, D.D.S.....Charlotte

- "Pulpotomy and Pulp Capping" (demonstrating the use of
Calcium Hydroxide)
GUY WILLIS, D.D.S.....Durham

FULL AND PARTIAL DENTURES

- "The Latest Thing In Home Care For the Patient Wearing
Partial Dentures"

GEORGE PATTERSON, D.D.S.....Asheville
"Gothic Arch Tracing"

This clinic deals with full denture impressions, with easily
constructed individual impression trays and the Gothic Arch
Tracing for accurate registration of vertical dimension and
centric relation.

T. M. HUNTER, D.D.S.....Henderson

- "Practical Methods of Impression and Bite Technic in One
Setting"

J. M. ZEALY, D.M.D.....Goldsboro

OPERATIVE DENTISTRY

- "Three Quarter Crown Impression Technique"

R. R. STEINMAN, D.D.S.....Enka

- "Plastics and Operative Procedures"

CARY T. WELLS, JR., D.D.S.....Canton

- "Pain Control, Pre, Operative and Post Operative"

M. O. FOX, D.D.S.....Elkin

- "Amalgam Technique Using Automatic Mallet"

RALPH JARRETT, D.D.S.....Charlotte

- "Self Curing Acrylic's"

R. R. SHOAF, D.D.S.....Lexington

- "Silver Alloy Fillings"

C. D. WHEELER, D.D.S.....Salisbury

- "Slides on Acrylic Fillings"

FRANK ATWATER, D.D.S.....Greensboro

- "Acrylic Jackets"

MARVIN WALKER, D.D.S.....Durham

- "Kadon Fillings and Crowns"

J. R. EDWARDS, SR., D.D.S.....Fuquay Springs

- "Semidirect Technic for Intercoronal Wax Pattern"

HENRY S. ZAYTOUN, D.D.S.....Rocky Mount

ORTHODONTICS

- "Elementary Orthodontia," "The Gold Shell Crown Extension
For Sliding Locked Anterior Teeth Over Their Opposing Teeth"

HUBERT PLASTER, D.D.S., HAROLD EDWIN PLASTER, D.D.S.,
.....Shelby

- "Orthodontic Cases Necessitating Extractions"
 Showing casts, radiographs, and photographs.
 HENRY C. HARRILSON, D.D.S.....Charlotte
- "Cases Before and After Orthodontic Treatment"
 H. M. HUNSUCKER, D.D.S.....Greensboro
- "Orthodontics," "The Adult Patient"
 A. A. PHILLIPS, D.D.S.....Raleigh-Durham

ORAL SURGERY

- "Maxillo Facial Surgery," "Colored Movie"
 L. T. RUSSELL, D.D.S.....Asheville
- "Surgical Removal of The Frenum"
 GRADY L. ROSS, D.D.S.....Charlotte
- "Surgical Helps"
 M. H. BURTON, D.D.S.....Washington, D. C.

PERIODONTIA

- "Periodontia"
 MOULTRIE H. TRULUCK.....Asheville
- "Correction of Diastema In Anterior Teeth, Due to Periodontal Lesions"
 THOMAS G. NISBET, D.D.S., BERNARD N. WALKER, D.D.S.....Charlotte

ANESTHESIA

- "General Anesthesia In Dentistry"
 "Nitrous, Oxide, Oxygen; Carbon, Dioxide; Ethyl Chloride,
 Vinethine (Venyl Ether) and Pentothal Socium, (Intravenous Anesthesia.)"
 R. M. OLIVE, SR., D.D.S., R. M. OLIVE, JR., D.D.S., C. S. OLIVE,
 D.D.S.....Fayetteville

DIAGNOSIS

- "Pre-diagnostic Examination for Exodontia, Surgery, and Prolonged Operative Work"

Patients should have the protection of a good examination before any anesthetic is given either local or general. Also before any surgery or extractions can be done and in prolonged operative work when the patient would become fatigued. General Examinations are to aid in diagnosis and protect the patient and operator.

- L. M. MASSEY, D.D.S.....Zebulon
- "Models In Management"
 PAUL FITZGERALD, JR., D.D.S.....Raleigh

NOTICE TABLE CLINICIANS

As Chairman of The Clinic Committee, I am respectfully urging each of you who are presenting a TABLE CLINIC to PLEASE bring your own EQUIPMENT such as SHADOW BOXES, PROJECTORS, STERILIZERS, EXTENSION CORDS, to satisfactorily present your TABLE CLINIC.
N. P. MADDUX, *Chairman*

12:00 Noon Lunch

Visit Exhibits

Forum Discussion—Ball Room, H. ROYSTER CHAMBLEE, D.D.S.,
.....Presiding Chairman

2:00 P. M. Discussion:

“Differential Diagnosis of Oral Lesions”.....
.....HAMILTON B. G. ROBINSON, D.D.S.

3:00 P. M. Discussion:

“Practice Management”.....WILLIAM A. GARRETT, D.D.S.

4:00 P. M. Discussion:

“Principal Factors in Full Denture Service”.....
.....JOHN B. LADUE, D.D.S.

Visit Exhibits

6:30 P. M. Annual Banquet

8:00 P. M. General Session—Ball Room

Election of Officers

Election of Two Members to State Board of Dental Examiners

Election of Delegates and Alternates to A.D.A. Meeting

Selection of Place of Next Meeting

10:30 P. M. Dance—Ball Room

Saturday, May 20

9:30 A. M. House of Delegates—Ball Room

General Session

Installation of Officers

Adjournment

This is your program. It is complete. Bring it with you to the meeting as there will be no Hand Programs Printed.—Ed.

North Carolina Dental Hygienist Association

OFFICERS 1949-50

Miss Winifred Brewer, R.H.D., President	Chapel Hill
Mrs. Nannie Lou Horton R.D.H., Vice President	Henderson
Mrs. L. J. Leskosky, R.D.H., Secretary	Charlotte
Mrs. N. C. Fulmer, R.D.H., Treasurer	Charlotte

EXECUTIVE COUNCIL

Mrs Ora Lee Blair
Mrs. Edith Chipperfield
Miss Maxine Kountz



Program

May 18-19, 1950

Thursday

- 8:00 A. M. Registration
- 9:00 A. M. Greetings, Dr. Walter T. McFall, President North Carolina Dental Society
- 10:00 A. M. Opening Session
- Call to OrderMiss Winifred Brewer, President
- Greetings
- Minutes
- Reports on Old and New Business
- President's AddressMiss Winifred Brewer
- 11:30 A. M. RemarksDr. Frank Lamons, Atlanta, Ga.
- 12:30 P. M. Lunch
- 2:30 P. M. Open Forum---Members Only
- 3:30 P. M. Guest Speaker

Friday

- 9:00 A. M. General Clinics
- 12:00 Noon Lunch
- 2:00 P. M. RemarksDr. Tom Nisbet, Charlotte
- 3:30 P. M. Election and Installation of Officers
- 4:00 P. M. Council Meeting
- 5:00 P. M. Adjournment



J. E. JOHN, D.D.S.

Roanoke, Virginia. Trustees from the Fifth District of the American Dental Association. He is at present, Secretary of the Virginia State Dental Society. Appears on the program Thursday at 12:00 Noon. GREETINGS FROM YOUR TRUSTEE.



GENERAL INFORMATION

REGISTRATION: The registration desk will be in the lobby opening Wednesday 8:00 P. M. and again Thursday at 8:00 A. M.

Members will please fill out the registration card and have it okeyed by your District Secretary before presenting it for your lapel badge, this will expedite the procedure for registering.

All guests and exhibitors are expected to register while attending the convention.

LADIES ENTERTAINMENT

The Entertainment Committee extends to the ladies of the Dental Society a cordial invitation to come to Pinehurst. We have arranged what we hope will be a very enjoyable program for you.

The first meeting of the ladies group will be a bridge party, Thursday afternoon in the card room for those who wish to participate.

Friday morning the Ladies Dental Auxiliary will be organized. This should prove a progressive step in the ladies activities of our Society and be both profitable to the ladies and the Society.

Friday afternoon a fashion show will be held by a leading store—representing the latest styles in fine clothing.

Friday evening interesting motion pictures will be shown and an announcement will be made as to the time and place. Dancing in the Ball Room at 10:30.

COMMERCIAL EXHIBITS

There will be the largest commercial exhibits displayed at the North Carolina Dental Society meeting in its history.

The Dental Manufacturers will show for the first time complete new office equipment. Many other new dental items will be on display. We urge you to visit and register with the exhibitors.

Prizes, Prizes, Prizes.

This year we are giving \$300.00 worth of prizes at the drawing to be held Friday afternoon, May 19 at 5:30 P. M. in the exhibit hall. To win one of these prizes you must register at each exhibit booth.

Only Dentists are eligible and you must be present at the time of the drawing.

VISIT THE EXHIBITS — \$300 IN PRIZES

DENTISTS WHO HAVE EXHIBIT CARDS PUNCHED AT EACH BOOTH ARE ELIGIBLE TO WIN PRIZES AT DRAWING TO BE HELD FRIDAY, MAY 19th, AT 5:30 P. M. IN EXHIBIT HALL.

ONLY DENTISTS ARE ELIGIBLE AND MUST BE PRESENT AT THE DRAWING.

VISIT THE EXHIBITS

DANCE

An outstanding social event of our meeting will be the annual dance held in the main ballroom Friday Evening at 10:30 o'clock. The dance has been arranged for your pleasure with an excellent Orchestra playing for the occasion. A most cordial welcome is extended to all guests to attend this gala event, and be assured of an enjoyable time. Dress is optional.

GOLF

The Golf Committee under the able direction of Dr. John Fritz assures us that every effort has been put forth to make this part of the program of special interest for the golfers over the beautiful 18 hole course, which we are privileged to play. It has been announced that the Tournament will begin Wednesday Afternoon, May 17th at 1:00 P. M. It is expressly requested that you be ready to begin promptly at 1:00. There will be a number of prizes awarded at the Golf Dinner which will be held at 7:30 P. M., Wednesday Evening. Every dentist who plays golf is encouraged to enter the Tournament.

GOLF TOURNAMENT

Wednesday, May 17, 1:00 P. M.

3 Trophies

Handicap Only

1. Low Net

2. Runner Up

3. Best Putter

and other prizes

Wednesday, May 17, 7:30 P. M.

Golf Dinner - - - Movie - - - Golf Prizes and Awards

The Tournament will be limited to Wednesday Afternoon only but of course you are privileged and invited to play golf at any time you care to during the meeting.

VIRGINIA ALUMNI

The Alumni Organization, Medical College of Virginia, will hold a Dinner in the Crystal Room of the Carolina Hotel May 18th at 6:15 P. M. This meeting will be preceded by a social hour at 5:15 P. M.

BREAKFAST CONFERENCES

Past President's Breakfast, will be presided over by Dr. C. W. Sanders and held in the Stag Room Friday Morning at 8:00 A. M. All Past Presidents attending the meeting are especially urged and invited to enjoy the fellowship and participate in the activities of this fine group of men who have given much time and thought in the past to the progress of dentistry in North Carolina. We owe to them a debt of gratitude for their services.

District Officers Conference will meet Friday Morning at 8:00 A. M. in the Children's Dining Room. Presiding will be Dr. Amos S. Bumgardner. This meeting will be an invaluable aid to the district officers in planning their future meeting.

New Members Conference will be held in the Crystal Room, Friday Morning at 8:00 A. M., with Dr. Walter T. McFall presiding. All members who have joined the society during the past year are especially expected to be present. The purpose of this conference is to have an opportunity to welcome the new men into the fellowship of the society in order to better acquaint the new men with the overall program of society activities.

VETERANS

There will be a meeting of the Veterans Organization in which all Veterans are urged to attend. Luncheon, Carolina Hotel, Friday, May 19.

FRATERNITIES

The Delta Sigma Delta and Psi Xi Phi Graduate chapters will hold luncheon meetings Thursday, May 18, at the Carolina Hotel. All you Frats be there!

DELEGATES

Your attention, especially to first meeting, Wednesday, May 17
at 8:30 P. M. Please be there.

R. Fred Hunt, Sec'y.





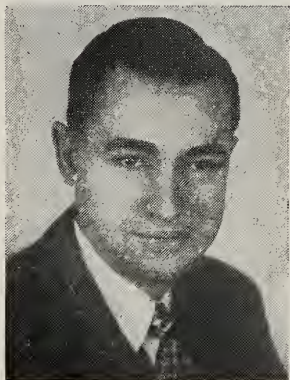
WILLIAM A. GARRETT, F.A.C.D., D.D.S.

Atlanta, Georgia. A graduate of Emory University, now teaching a course in Practice Management at Emory University, School of Dentistry, a member of American Academy of Restorative Dentistry, and serving now as Chairman of the Council of Scientific Sessions of the American Dental Association.

Dr. Garrett

**HAMILTON B. G. ROBINSON,
D.D.S., M.S.**

Columbus, Ohio. A graduate of the University of Pennsylvania, Rockefeller Fellowship, Editor of Dental Research since 1936, Past Associate Editor, Journal Missouri State Dental Society, Oral Surgery, Medicine, and Pathology. President-elect of the Columbus Dental Society, Fellow of the American Association for Advancement of Science, Fellow of American Academy of Oral Pathology, Fellow of Ohio Academy of Science, Diplomate and Vice President of the American Board of Oral Pathology, and a member O. K. U.



Dr. Robinson



JOHN B. LADUE, D.D.S., F.I.C.D.

Graduate of the University of Illinois, Past President of the Academy of Denture Prosthetics, Past President of The International College of Dentists, Practice limited to Artificial Dentures for 30 years, former member of Faculty University of Illinois and St. Louis University.

Dr. LaDue



Dr. Lamons

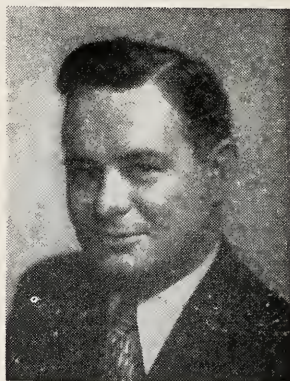
FRANK F. LAMONS, D.D.S., F.I.C.D.

Atlanta, Georgia. Graduated Emory School of Dentistry—1934, graduate work in Orthodontics, University of Pennsylvania—1925-26, Exclusive practice of Pedodontics and Orthodontics since 1926, Chief Dental Service Egles-ton Memorial Hospital for Children, Prof. of Orthodontics and chairman of the Department Emory School of Dentistry, Past president American Society of Dentistry for Children, past Chairman Orthodontic section of A.D.A., Contributing Editor Journal of Dentistry for Children, member American Board of Pedodontics, Clinician and Lecturer before many state and district Dental Societies and the A.D.A.



FRANCIS J. GARVEY, L.L.B.

Chicago, Illinois. Graduate of Loyola University, Chicago, 1935, and admitted to the Illinois Bar Private Practice of Law 1935-42. Member of the Staff of the Illinois State Senate 1941-42, Served in U. S. Navy in Continental U. S., Hawaii, and Philippines, 1942-46, Chief-Legislation Projects Division V. A., Washington, D. C., 1946-49, Secretary, Council on Legislation, American Dental Association, December 1948 to date, and Member of American, Illinois, and Chicago Bar Associations, also Federal Bar Association.



Mr. Garvey

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A. T. Jennette
L. M. Massey
Coyte R. Minges

COMMITTEE ON GENERAL ANAESTHESIA

L. T. Russell, Jr., *Chairman*

J. A. Sinclair
J. Carter Phillips
Grady Ross
Vaiden Kendrick
T. W. Atwood

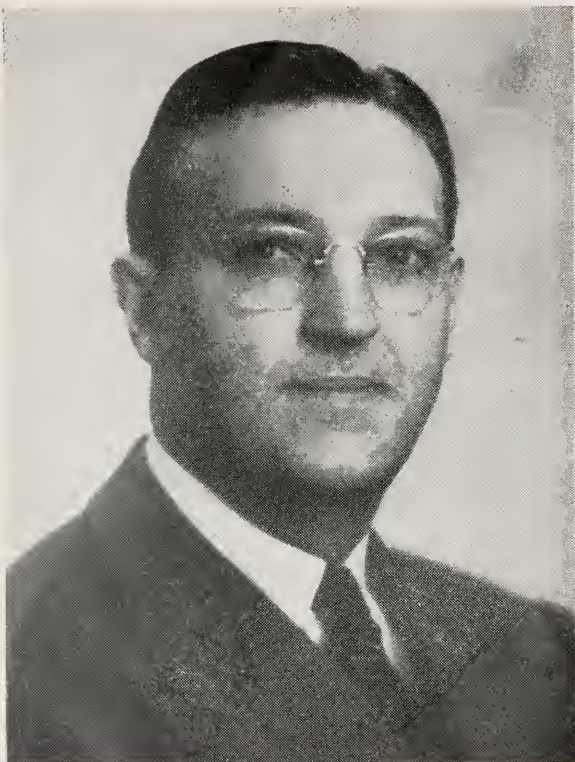
T. E. Sikes
E. N. Lawrence
J. Y. Hinson
H. K. Thompson
M. M. Lilley

COMMITTEE ON PROPOSED EXECUTIVE SECRETARY

D. L. Pridgen, *Chairman*

Walter H. Davis
George H. Carroll
C. E. Abernathy
Clyde E. Minges
L. Franklin Bumgardner

Charlie H. Teague
Paul Fitzgerald
E. M. Medlin
Frank O. Alford
C. W. Sanders



John C. Brauer

*First Dean of the School of Dentistry,
University of North Carolina
This book is hereby dedicated.*

"It is with a great deal of pride that I accept the challenge and responsibilities at the University in the organization of the first School of Dentistry in North Carolina. It must and shall be one of the finest schools in the country. It will be my objective to represent the dentists of North Carolina in Dental Education. Accordingly, I shall seek your counsel and your guidance."

JOHN C. BRAUER.

JOHN C. BRAUER, A.B., D.D.S., M.Sc., F.A.C.D.

Dr. Brauer, former Dean of the School of Dentistry at Southern California, moved his family to Chapel Hill, N. C., March 1, 1950.

Dr. Brauer has had broad experience in dental education. Born in Sterling, Nebraska, little more than two-score years ago, he received his A.B., M.Sc., and D.D.S., from the University of Nebraska. After then he practiced as a dentist for two years. In 1930 he went back to the University of Nebraska, this time as instructor in Operative Dentistry and Pedodontics and Preventive Dentistry.

Six years later he went to Atlanta, Georgia, as director of the De Los L. Hill, Jr., Memorial Children's Dental Clinic and as Professor of Pedodontics, Orthodontics, and Preventive Dentistry at Emory University Dental College. In 1938 and until the war, Dr. Brauer was head of the department and professor of Preventive Dentistry and Pedodontics at the State University of Iowa and director of the Bureau of Dental Hygiene of the State Department of Health.

During the war he was a Lieutenant Colonel, assigned to Major General Robert H. Mills, Dental Division and Chief Dental Standards Branch, Surgeon General's office. He received the Legion of Merit from the U. S. Army.

Dean Brauer was at the University of Washington as Head of the Department of Pedodontics and Director of Postgraduate Education where he organized and started a new school in postgraduate work in dental education.

From the University of Washington, Dr. Brauer went to Southern California as Dean of the Dental School where he has made an outstanding record of organization and administration and endeared himself to the practicing dentists of that State through the broad postgraduate program of that institution.

Dr. Brauer has held many important positions in national professional organizations and has been honored and exerted his leadership as President of the American Society of Dentistry for Children, Chairman and Secretary of the Section on dentistry for Children of the American Dental Association, Chairman of the American Board of Pedodontics, President of the Advisory Board for Dental Specialties, Contributing Editor of the Journal of Dentistry for Children and President of the American Academy of Pedodontics.

The plans for construction of the new Dental School are now underway under Dr. Brauer's supervision. This permanent facility cannot be ready for another two years but temporary laboratories are being erected which with the combined use of the pre-clinical medical facilities and departments will enable him to open the Dental School with the first class of 40 students in September, 1950. The size of the temporary laboratories will necessitate limiting the first two classes to 40 students.

Application for admission may be made immediately to Dr. J. C. Brauer, Dean of the School of Dentistry, University of North Carolina. All applications for entrance to the beginning class in September will have to be in by April 3rd. The catalog for the new School is in press and should be available in three weeks. Admission requirements and policy are the same as those for the Medical School.

Dr. Brauer is now busy building up a faculty for his new School and developing the curriculum in line with the Dental Education philosophy of the Division of Health and Medical Affairs of the University of North Carolina and the Council of Dental Education.

FACTS CONCERNING THE UNIVERSITY OF NORTH CAROLINA

The University of North Carolina, conceived in 1776, chartered in 1789, opened its doors to the students January 15, 1795—the first State University in the United States.

A “presiding professor”, Dr. David Ker, officiated as head of the University until 1804 when Joseph Caldwell, D.D., was elected the first President of the University of North Carolina. Gordon Gray is now serving as President.

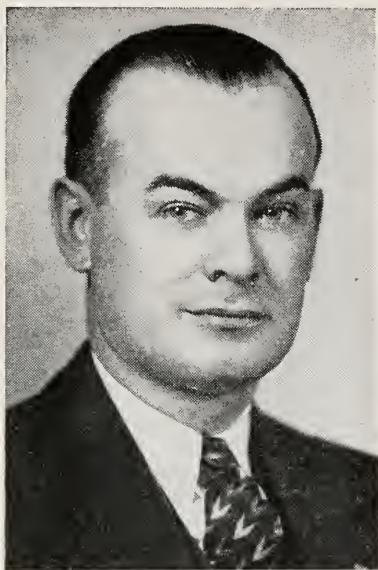
In 1879 the School of Medicine was established under the direction of Thomas W. Harris and operated as a 2 year course until 1902 when it was expanded to a 4 year school. Financial support was not sufficient to maintain the 4 year course and it was soon abandoned. In 1947 the Legislature appropriated funds to the University for expansion and again the School of Medicine was expanded to a 4 year school. This department now operates with Walter Reece Berryhill as Dean.

In 1936 the Division of Public Health was established and a director appointed. Dr. Edward Grafton McGavran is Dean of this department.

In 1947-49 the State Legislature made sufficient appropriation to establish a School of Dentistry which will hold its first classes with the opening of the fall term 1950. Dr. John C. Brauer was chosen to head this department as the first Dean of the School of Dentistry of the University of North Carolina. Application for admission may be made immediately to Dean Brauer for entrance to the beginning class in September.

GREETINGS

Walter T. McFall, D.D.S., President, Asheville



Dr. McFall

A genuine, sincere and enthusiastic invitation is extended to each dentist and his family in North Carolina to be with us for our 94th annual meeting of The North Carolina Dental Society at Hotel Carolina, Pinehurst, on May 18-20th. Be sure your reservations are confirmed and come early.

The State and District Officers, the Executive Committee, and all other committees have worked, planned, and valiantly added to the growth, development, progress, and improvement of dentistry in their communities in North Carolina during the past year. Many new members have been welcomed into the Society. They have been quick to seize the responsibilities and appreciate the manifold serv-

ices done for them and through them for all our membership to which we pledge our best to the welfare of public health.

We owe much more than words of praise, reverence of memory, and recognition to the Dentists who for the past ninety-four years have served before us. Are you doing your part and best to "carry on" in your community, district, and world as you should and can?

We have all arrangements made for a most enjoyable and helpful meeting in May. The program is one of the best obtainable. Nationally known Essayists will discuss many phases of dentistry bringing us the latest developments and techniques. There will be approximately 30 General Clinics giving us modern concepts in the different fields of Dentistry.

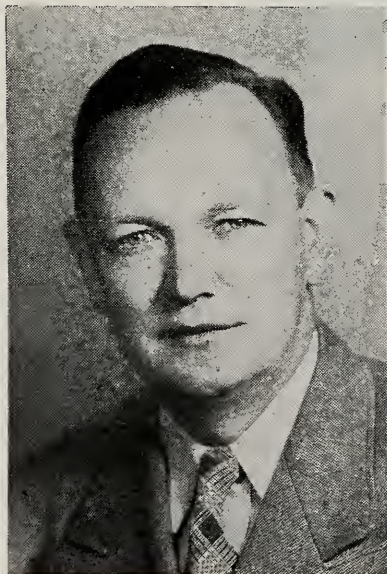
The Dental Hygienists are participating again this year and will have an interesting program. Organization of a Ladies Dental Auxiliary and the entertainment planned for the ladies is a step forward in making a more enjoyable time for all. To our many friends and visitors, especially the Dental Assistants, Exhibitors, and Laboratory Associates, and etc., we extend a hearty welcome to enjoy the pleasures and benefits at Pinehurst.

One of the main highlights will be the presence of Dr. John Brauer, our new Dental Dean at the University of North Carolina. His coming culminates much effort in establishing our Dental School of which we are all so very proud.

North Carolina Dentistry has always been in the vanguard of the finest and most useful in our professional, social, and scientific leadership. No State can boast of better trained, unselfish, and active leadership locally than is to be noted in the daily life by the Dentists in our great State.

During the past year it has been a privilege to work with the Dentists of North Carolina so intimately and admirably. My heart overflows with gratitude and humility in appreciation for your most sincere co-operation. My thanks to each of you.

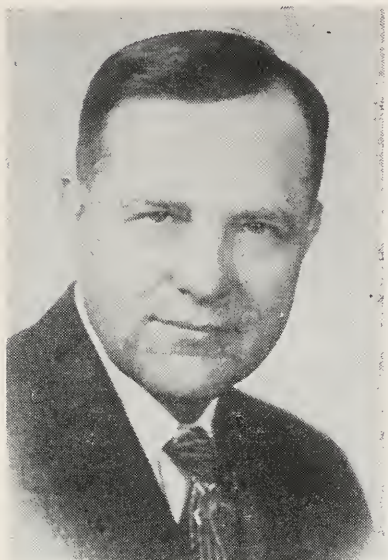
PLEASE, will every NEW MEMBER of The North Carolina Dental Society who has come into our five District Societies since May of 1949 attend the NEW MEMBERS BREAKFAST in the Crystal Room, Friday at 8:00 A. M.



J. Walter Branham,
Vice President, Raleigh

THROUGH ORGANIZED DENTISTRY WE SERVE BEST

A. S. Bumgardner, D.D.S., President-Elect, Charlotte



Dr. Bumgardner

Greetings from your membership chairman of the State Dental Society. This office created years ago is one of the strokes of ingenuity, and constitutes the thinking of the men of yesterday. The chairmanship is one that prepares a man for the full statue of his work as he takes the place to lead the society in the incoming year.

It has been my privilege to visit many local as well as district societies, and serve many others. Our membership is progressively on the up grade. The hand of improvement continues to climb. Most every man who is practicing in North Carolina and who has taken the board in recent years immediately signs up in the

membership of this great organization.

Today we lead the southeastern United States in gross membership, eighteenth in the nation. This within itself shows the foresight of those men who laid the structural foundation and the plank of organization in North Carolina. A salute to the men who had this foresight.

Salute to John E. Brauer who took over the leadership as Dean of our own dental college in North Carolina on March 1st, 1950. What a glorious climax to a great membership, whose unrest and unwillingness to stand aside and see the other great advances in educational programs grow and develop in North Carolina, and the dental services and educational fundamental pattern be so sorely neglected. The North Carolina Dental Society arose in mass, each man standing side by side helping and working, until like the colors of the rainbow, each one became glorified in his own particular phase of those shadows, which descended upon the legislature at Raleigh. In each home town they visioned and propelled and urged our people to become awake, and through the great leaders then at the front arose to complete the one great challenge. Today we see the laying of the cornerstone of an institution for the education of the future dentists who are developing in this commonwealth of ours.

Without the abiding influence of these one thousand dentists today we would be as we have always been in the past—one of the minority group.

Therefore a salute to the entire membership and to the foresight of the men who have worked so faithfully through these years to see what we believe now to be truly one of the great institutions, which shall lead the dental profession in our own Southland.

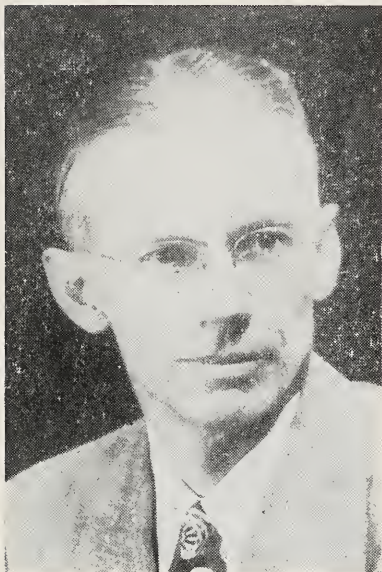
With such an enormous membership growing each year the responsibilities become more and more upon the shoulders of those whose obligation it is to carry on this glorious heritage. There will be new account-

abilities to the men who shall serve in this state. We need other aids, and I am sure that many of us will benefit by them as we see these responsibilities unfold.

Assuring you of my deep appreciation and of my willingness to serve in every capacity without feeling that it is too much of a drain upon me, I am looking forward to serving you in the incoming year with much pleasure.

FROM THE SECRETARIES DESK

R. Fred Hunt, D.D.S., Sec'y-Treas., Rocky Mount



Dr. Hunt

The nine hundred and eleven members, guests and exhibitors registered at the 1949 meeting surpassed all attendance records in the history of the North Carolina Dental Society. We are expecting an even greater attendance at our Ninety-Fourth Anniversary Meeting this year. As you know, the Carolina Hotel can accommodate only about one-half of our group. Mr. Fitzgibbon, the manager, had definitely promised, however, to place ALL of those whom he can not accommodate at some hotel or Inn. Dr. W. Howard Branch, Chairman, Housing Committee, exerted every effort to distribute the hotel reservation forms so that every member would receive his application blank on the same day.

It is interesting to note that the North Carolina Dental Society has steadily grown until it is now the largest State Society in the entire Southeastern United States, and ranks eighteenth in size in the American Dental Association. This did not "just happen" but is a direct result of the untiring and unselfish efforts of men like yourself who compose this fine organization. The establishment of a Dental School at the University is a shining example of what this society can and did accomplish. We are very fortunate indeed to secure the services of Dr. John C. Brauer as Dean of the new Dental School at the University of North Carolina. We feel certain that under his guidance the Dental School will represent the high standard in dental education that Dr. John O'Rourke and others visualized. This article would be remiss unless due credit were given to Dr. H. O. Linberger who, as Chairman of the Dental College Committee, rendered such a valuable service to his profession and to the State of North Carolina.

May I urge you to make an additional donation, directly to the American Dental Association headquarters for the Relief Fund. This represents a most worthy cause and at this writing only one-half of the anticipated goal has been reached. One-half of all funds collected are returned to the State Relief Fund. Effective January 1, 1949, the American Dental Association Relief Commission pays two-thirds to all recipients of the Relief Fund instead of half and half as has been the policy in the past. MAIL your CHECK to Chicago today.

The various committees have met and planned with the view in mind of presenting an outstanding program and also excellent entertainment. We feel that the scientific program will be both practical and well diversified.

Since this will be my last message to the Bulletin before the state meeting, I would like to express my sincere appreciation for the loyal co-operation and assistance received during the past three years from the various of-

ficers and committee members in both the State and District Societies. Especially do I wish to thank the District Secretaries. Also, my deepest appreciation to all of you who have worked so diligently to make this meeting a success. To you is due the credit for the excellent meeting which we anticipate in May. I shall be looking forward to seeing each of you there.

Columbus, Ohio.
March 17, 1949.

Dr. L. F. Bumgardner,
Charlotte, N. C.

My Dear Dr. Bumgardner,

The copies of the Bulletin came safely to hand this morning—and was more than glad to receive them. It would do your heart good to see the nicely bound file of the North Carolina Publications in our library. The transactions for 1904 is the only item we lack and our good old J. Martin Fleming has been trying to locate that one for me for years.

I hope to meet you at some of the meetings of the American Association of Dental Editors some time as usually I am at the A.D.A. meetings. I hope to meet you personally as you have a fine lot of fellows in North Carolina.

With thanks, I am,

Sincerely yours,

EDWARD C. MILLS.

AS A MATTER OF RECORD

The Minutes of the North Carolina Dental Society Committee Session, 11:30 A.M., Sunday, January 15, 1950, Pinehurst.

The various committee chairmen met with the officers of the North Carolina Dental Society at the Carolina Hotel for the purpose of making the final arrangements for our next State Meeting, May 18-20.

The following officers and members were present: Walter T. McFall, Amos S. Bumgardner, A. C. Current, Paul Fitzgerald, S. P. Gay, E. M. Medlin, and Paul Fitzgerald, Jr. Also the following committee chairmen were present and made reports for their respective committees: Paul E. Jones, Legislative Committee; C. C. Poindexter, Prosthetic Dental Service Committee; E. D. Baker, Exhibit Committee; Coyte R. Minges, Arrangements Committee; W. Howard Branch, Housing Committee; Olin W. Owen, Entertainment Committee; N. P. Maddux, Clinic Committee; J. R. Fritz, Golf Committee; R. Fred Hunt, Program Committee; and L. Franklin Bumgardner Editor.

Many questions relative to the approaching state meeting were discussed. It was found that much progress has been made in preparing for this event.

A complimentary Incheon was served by the hotel at 1 o'clock.

At 2:15 P.M. Dr. Edward R. McCavran, dean of the Public Health School at the University of North Carolina appeared before the group and made a very interesting report on the proposed dental school which will open in Sept., 1950 at the University.

The meeting was adjourned at 3 o'clock.

The Minutes of the North Carolina Dental Society, Executive Committee in session at 3 P.M., Sunday, January 15, 1950—Carolina Hotel, Pinehurst.

The meeting was called to order by the chairman, A. C. Current. Other members present were: Paul Fitzgerald, S. P. Gay, Walter T. McFall; Ex-officio, Amos S. Bumgardner; Ex-officio, and R. Fred Hunt; Ex-officio.

The Executive Committee met immediately following the close of the meeting of the North Carolina Dental Society Committee Chairmen.

The minutes of the last meeting which was held in Charlotte, August 18, 1949, were read by the secretary. Motion by Dr. Fitzgerald, seconded by Dr. McFall and carried that they be approved as read.

Dr. Paul Jones presented a resolution concerning Bill S. 1453 which was passed by the Senate and proposes aid to the education of health personnel. Motion by Dr. McFall, seconded by Dr. Gay, and carried that this resolution be adopted and that a copy be mailed to Dr. Wilbert J. Jackson, a member of the A.D.A. Council on Education.

At the suggestion of the Editor, Dr. L. Franklin Bumgardner, a motion was made by Dr. Paul Fitzgerald, seconded by Dr. McFall and carried that we discontinue the hand program and print instead 500 extra copies of the Bulletin for the coming state meeting.

Motion by Dr. McFall, seconded by Dr. Amos Bumgardner, and carried that full information regarding the new dental school, which is to be set up at the University of North Carolina be published in the April issue of the Bulletin.

Dr. C. C. Poindexter, Chairman of the Prosthetic Dental Service Committee, appeared before the group and discussed the activities of his committee. Drs. Poindexter, Lineberger, and McFall attended the annual meeting of the North Carolina Dental Laboratory Association which was held in Charlotte. Dr. Poindexter reports that 28 dental laboratories in North Carolina are now on the accredited list.

Motion by Dr. McFall, seconded by Dr. Fitzgerald and carried that a notice be stamped on the application forms to the effect that priority will be given to those reservations staying full time. Motion by Dr. Gay, seconded by Dr. Fitzgerald, and carried that application blanks be mailed to all members of the North Carolina Dental Society.

Motion by Dr. McFall, seconded by Dr. Bumgardner and carried that we honor Dr. J. C. Watkins of Winston-Salem, N. C., and that a suitable committee be appointed by the president to handle the details.

Motion by Dr. Hunt, seconded by Dr. Gay and carried that \$150.00 be appointed for use by the Out-of-State Entertainment Committee if needed.

In response to a request from Dr. Lon W. Morrey, Editor A.D.A. Journal, the Executive Committee unanimously expressed its desire to submit the name of Dr. Clyde E. Minges as one who has made an outstanding and noteworthy contribution to the profession of dentistry in North Carolina.

Motion by Dr. McFall, seconded by Dr. Bumgardner and carried that the Executive Committee appropriate the necessary funds for rental of the Exhibit Hall. (\$600.00).

Motion by Dr. Fitzgerald, seconded by Dr. Bumgardner and carried that an invitation be extended to Dr. Joseph S. Hiatt, Jr., of McCain, N. C., to attend our next annual meeting as a fraternal delegate from the Medical Society of the State of North Carolina.

The secretary was authorized to convey to Mr. Fitzgibbon, Manager of the Carolina Hotel our appreciation for the excellent luncheon served, and the courtesies shown to our group while meeting in Pinehurst, Sunday January 15, 1950.

Motion by Dr. Fitzgerald, seconded by Dr. Bumgardner and carried that the new fee schedule of the North Carolina Industrial Commission be approved.

It was pointed out that Drs. E. A. Branch and J. W. Branham officially represented the North Carolina Dental Society at the organizational meeting of the North Carolina Health Council which was held in Raleigh, September 29 and 30, 1949.

Dr. McFall reported that the committee appointed to wait on A.D.A. president, Clyde E. Minges in San Francisco carried out its duties with dignity and satisfaction to Dr. Minges.

The secretary was authorized to send flowers to Dr. H. O. Lineberger, Raleigh, N. C., who has been ill for some time.

There being no further business, the meeting adjourned at 4:45 P.M.

R. FRED HUNT, Sec.-Treas.

ANNOUNCEMENTS:

South Carolina Dental Association meeting will be held at the Jefferson Hotel in Columbia on May 7-9th, 1950, and we hope that many of you North Carolina fellows will attend. Dr. C. E. Saunders is Directing Secretary and Dr. John Gunter is Commercial Secretary. They have promised a fine meeting and I know we will have a big time. Dr. J. R. Owings, Secretary, Greenville.

The Virginia State Dental Association extends a special invitation to the members of the North Carolina Dental Society to attend their meeting, Roanoke, April 17-19, 1950. Dr. J. E. John, Secretary.

The Southern Academy of Periodontology will hold their annual meeting, May 20-22, 1950, at Jacksonville, Fla. S. P. Gay, Secretary, Greensboro, N. C.

GREETINGS FROM CONGO!

S. C. Marks, D.D.S., Africa

This letter is to give you an overall picture of our work in the Congo, during the past 15 months, and to tell you something of our dreams and plans for the future.

We arrived at A. P. C. Mission Station, Luebo, on Saturday, October 9, 1948, and the following Monday and Tuesday we examined and did emergency work for all the Missionaries and their children on the station. This work was done in a very primitive dental office on the station, with very old equipment, no operating light, no efficiency which made it necessary to use a foot-engine peddled by a native, for fillings.

Our next work was accomplished three weeks later in a mud and stick house with dirt floor, at Lake Munkamba, where our Missionaries had gathered for the Annual Meeting. We placed native mats on the floor for rugs and used our portable equipment, brought out from the States, which consisted of the following: 1 SSW treatment chair, electric motor with arm and handpieces attached, operating light, instruments and filling materials. Electricity was supplied from a small gasoline-Powered generator. During the meeting, which lasted two weeks, we were able to do all emergency extractions, some fillings, and give Sodium Fluoride treatments to the small children. (Thanks to Dr. Branch for his generosity in supplying the Sodium Fluoride for this purpose.) Our Missionaries had been without adequate dental care for two years, so you can well imagine the amount of emergency work needed to be done.

After Mission Meeting, we placed this same portable equipment in the living room of our residence at Lubondai Station, while the necessary plumbing and electrical equipment was being installed in a small brick storage building in our back yard. We were able to move into these temporary quarters about a month later and have been working there until the present time.

In these two small rooms we have the following equipment: 1 SSW chair and unit, instrument cabinet, 1 SSW treatment chair, 2 Castle operating lights, new Ritter X-Ray machine, desk, two chairs, and Servell refrigerator. In the small laboratory we have: sterilizer, two laboratories, Ritter air compressor, blow torches, lathe and other laboratory instruments. Electricity is furnished by a 3 KW Kohler generator placed in a shed behind the office. A dark room is off to the side and is made of mud and sticks with a grass roof. The Reception Room consists of two Church benches placed outside in the shade of a tree. With this equipment and the instruments from our office in America, we are able to do the same type of Dentistry that we did in Wilmington, N. C. Our office here is considered the best equipped in the Congo. Patients come from far and near—some from as far as 800 miles, many from 300 miles away.

To date, practically all the necessary dental work for our Missionaries and their children has been completed and they are being checked-up routinely twice a year. We have been able to do enough work for people

outside the Mission, on a professional fee basis, to not only pay all the expenses for the dental work on the Missionaries' teeth and render it to them free, but also to operate on a fair profit. We hope to use this profit to help in the support of our proposed Native Dental Program. (Dentists and Medical Doctors are paid the same salary as the other Missionaries on the Mission.)

The Mission and our Home Board have approved our plans for building a Native Dental Clinic and training Native Medical boys in Dentistry. This is a big undertaking and calls for the services of another Dentist to be placed here at Lubondai to share the responsibility in both the work for Missionaries and Europeans in this area and in the Native Dental Clinic. It will be "Soul-satisfying" to work for and with the Natives, but it will also require much patience and close supervision! In fact, our proposed Dental Program will call for the services of two new Dentists. One to come to the field as soon as possible, via Belgium for one year to study French, and arrive on the field three or four months before we go home on furloughs in 1951, so as to study the Native language and get settled while we are here. The other Dentist to come as a replacement for our other Dentist who retires in 1953. It is necessary to have three Dentists on the Mission in order to cover furloughs and always insure having two at Lubondai to share in the European and Native work. There is plenty of work that the third Dentist can do during the over-lap in furloughs.

Our new office building for white patients should be completed in about a month. It will be very nice, being constructed out of brick with cement floors and a tin roof. It will have a reception room, three operating rooms, business office, record room,

dark room, laboratory, public and private toilets, small storage room, and a Native-helpers dressing room. The Contractor is ready to lay the foundations for our new Residence and for our new Dental Patient Guest House. These two buildings will probably be completed in about a year.

After these buildings are completed we plan to start on the Native Clinic. We have not yet agreed on a definite plan of procedure, but have in mind something similar to the following: One building containing a Technical Laboratory, Class room, Locker room, and a Storage room. Another building containing the Clinic proper with about 15 units, each consisting of a simple treatment chair, foot-powered dental drill, a stand supporting a portable instrument cabinet, cuspidor and an operating light. This building also to have a sterilizing room, X-ray and dark room, extraction room, wash basins, record and supply room and a business office. As you can well imagine, this Native Dental Program even in its simplicity will call for a large outlay of money which we do not yet have in hand. However, we hope that the Belgian Government will see fit to furnish at least part since this will be the first work of its kind in the Congo. We hope to be able to help some from the profit made from our dental work for Europeans as mentioned in the first part of this letter. In addition, some of our friends at home in the States will probably welcome the opportunity of sharing in the support of this work as they have for my present equipment which is being used for white patients. They have contributed two practically new SSW dental units, two instrument chairs, two Castle operating lights, forceps, elevators, and some Laboratory equipment. Since coming to Congo, another person has given us two other dental chairs, a dental cabinet,

foot-engine, and some instruments for use in the Native Clinic.

It takes Faith to do the Lord's Work. So far, He has richly supplied all our needs and we feel sure He will continue to do so in the future. "It is more blessed to give than receive!" We feel that we are experiencing some of this blessedness here, because we are "giving" more than we did in America. We do not make as much money, but we have many compensations that money cannot buy. This is the most satisfying work we have ever done!

By the time we go home on furlough in 1951, we hope to have some

interesting pictures concerning the teeth of Natives.

We want to thank you for your kind remembrances, in many different ways, during recent months and with special emphasis during the past Christmas Season. Although a little late, we want to wish for all of you God's richest blessings during this New Year. May you experience the Peace and Happiness which only He can give.

Yours in Christ's Service in Congo—
A.P.C.M., Lubondai, Tshimbulu,, Congo Belge, Africa.

PROPOSED CHANGES

In order to bring the Constitution and By-laws into conformity with the action of the House of Delegates at the 1949 meeting, through adoption of the President's recommendations, the following amendments are proposed:

In Article III of the Constitution, strike out Section 4 and substitute the following:

"Section 4. An active member of this Society who shall have paid the annual dues for thirty-five (35) years, and who shall have reached the age of sixty-five (65) years, may, at his request, be classified as a Life Member, and shall be exempt from dues thereafter. He shall be entitled to all the privileges of an active member except that he shall not receive the Journal of the American Dental Association unless by subscription."

In Article V of the Constitution, strike out the last clause and make it read as follows: "as provided in Section 90-22 General Statutes of North Carolina."

In Article I, Section 4, of the By-laws, second paragraph, strike out the words "seven dollars (\$7.00)"—and substitute "thirteen dollars (\$13.00)".

Also strike out the words "and life."

In Article III, Section 1, of the By-laws, strike out the following clause: "Provided, that life members shall pay seven dollars for the American Dental Association."

In Article V of the By-laws, strike out Sections 5 and 7, and designate Section 6 as Section 5.

Constitution and By-laws Committee
D. L. PRIDGEN, Chairman
FRANK O. ALFORD
PAUL JONES
W. H. BREELAND
DAN T. CARR

MINUTES OF EXECUTIVE COMMITTEE MEETING OF N. C. VETERANS'
DENTAL SOCIETY

FEBRUARY 19, 1950

The meeting of the Executive Committee of the Veterans' N. C. Dental Society was held Sunday, February 19, 1950, at the O'Henry Hotel, Greensboro, N. C.

The meeting was called to order by the President, Charles D. Eatman.

Dr. Garrison, of the Veterans Administration made a short talk.

The President of the Executive Committee stressed more activities and cooperation on the District levels.

The purpose of our Veterans' organization was re-emphasized which are:

1. Aid to Veterans Administration in their program.
2. Be prepared for another emergency.

The Indiana program (attached) was unanimously adopted with some modifications.

A tentative point system for demobilization was to be studied and incorporated in the resolution.

A copy of the Indiana resolution is to be sent to our Executive Committee of the N. C. Dental Society, through the Veterans' Advisory Committee.

One copy of the resolution is to be sent to each state Dental Society

Committee of the Executive Committee was named to word and adopt this resolution, and plan a program for the state meeting.

A nominating committee for state officers was appointed by the President.

This consisted of:

- | | |
|--------------------|-----------------|
| 1. Ed Baker | 3. R. A. Daniel |
| 2. Thomas L. Blair | 4. Eliot Motley |

It was proposed that \$1.50 of the annual dues of each member be utilized to publish a "news letter".

A motion for adjournment was carried.

February 27, 1950

The Executive Committee of the Veterans' N. C. Dental Society, which held its meeting February 19, 1950, unanimously adopted the Indiana Resolution.

The said Resolution is hereby submitted to you for your study, subject to action at the Annual N. C. Dental Society Meeting May 18-20, 1950.

RESOLVED: In the event of a National Emergency, that the Military Affairs Committee for the Indiana State Dental Association be authorized as the Committee for Procurement of dentists for Federal service.

The procurement follow a definite pattern. Namely:

1. Those men who received any or all of their professional training at government expense, and who had no active military service, shall be selected first.
2. Those men who have had no active military service, shall be selected second.
3. Those who have had active military service shall be selected third, and in accordance with a point system. Time spent in professional school at government expense, shall not be considered active for the purpose of computing points for procurement.

The points shall be computed as follows:

5 points per month for foreign duty

5 points for each dependent child and wife

3 points per month for home duty.

It is the intention that this resolution shall not in any way conflict with any Federal or State Law.

BE IT FURTHER RESOLVED: That a copy of this resolution showing that it has been approved by the Indiana State Dental Association be presented to the governing body of each State Association, Military Affairs Committee Chairman of each State, Chairman of the Council of Federal Government, Secretary of Defense, Surgeon General of Army and Navy and any other officials deemed necessary.

That a copy be sent to the Secretary of the American Dental Association, to be presented to the House of Delegates for their approval on a national level.

Ralph L. Falls, Secretary-Treasurer

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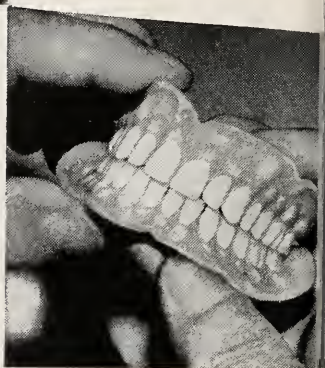
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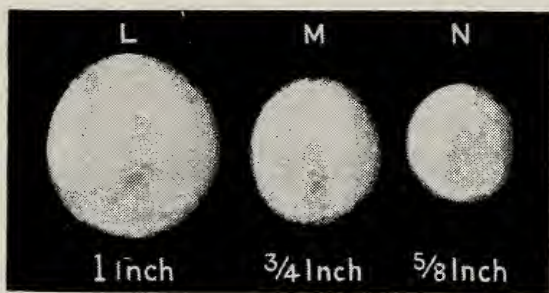
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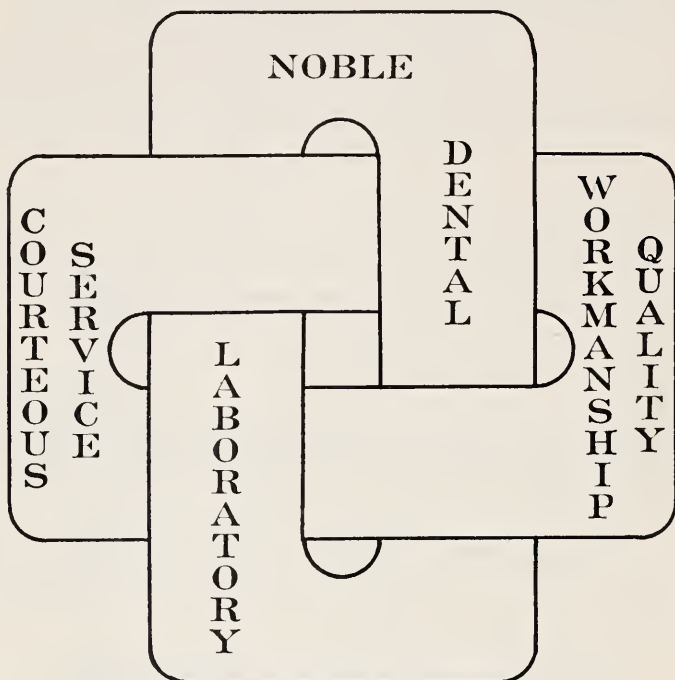
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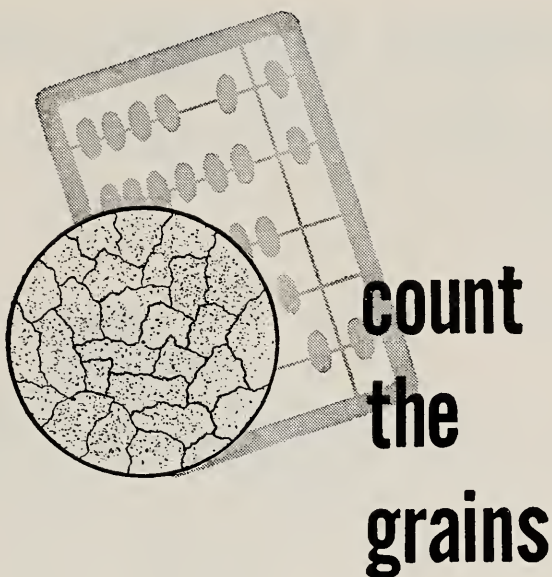
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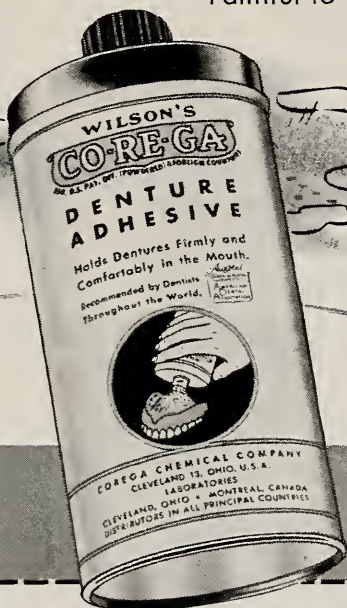
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NOTICE

In the past (January) issue on the page listing the accredited Laboratosies in North Carolina, apology is made to the Kinston Dental Laboratory for inadvertently omiting their name.

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